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ABSTRACT

The project of Children's Assessment Placement Instruction Center (CAPIC) is described as a multi-disciplinary approach to the study of children with developmental and learning disorders beginning with pilot units and eventually developing a center for assessment and clinical teaching prior to placement. The evaluation of activities includes the following information: objectives and rationale, descriptions of programs at specific schools, administrative duties, an explanation of the social work position, the role of the school psychologist, a description of resource center operations, a request for further funding, a plan for development of pupil personnel regional centers, a program of CAPIC teacher orientation, evaluation and admission forms used in the project, and CAPIC intake, placement, and termination procedures for first grade children. Also included is a research report of an experiment conducted to analyze the progress of CAPIC participants. (RD)

CHILDREN'S ASSESSMENT PLACEMENT INSTRUCTION CENTER

barbara b. mckillen
project director
title 3 esea
toledo public schools
riverside school
chase and chicago
toledo, ohio 43611

phone 729-5111
extensions 251, 252

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OBJECTIVES OF CAPIC

1. To develop improved methods of identifying children with learning and developmental disorders.

2. To select the best diagnostic procedures and tools for diagnosing the educational, psychological, and medical needs of children showing evidence of learning and developmental disorders.

3. To determine the similarities and differences between children with learning and developmental disorders and other exceptional children.

4. To establish the need for any differences in teaching methods, materials and services between those children who were not given assistance before the major symptoms of learning disability had mushroomed causing many complicating factors and those young children in whom the deterrent to learning is still limited to learning and developmental disorders.

5. To select and/or develop techniques for exchange of information on these children between the medical and educational professions.

6. To expand the utilization by the schools of community educational, cultural and medical agencies.

7. To keep abreast of the latest research, current practices and trends in the field and related fields of all exceptional children including those who show only indications of learning and developmental disorders.

8. To attempt to implement those practices and trends when feasible and applicable.

9. To experiment with new and new adaptions of old equipment and facilities.

10. To develop improved methods of disseminating information regarding the children to the total school staff, the parents and community agencies.

I. EVALUATION OF PROJECT OBJECTIVES

A. Introduction

The Project shall be known as CAPIC representing the initial consonants in Children's Assessment Placement Instruction Center.

The Project CAPIC is a multi-disciplinary approach to the study of children with developmental and learning disorders; beginning with pilot units and eventually developing a center for assessment and clinical teaching prior to placement.

The Project CAPIC was initiated in the Toledo Public School system in the fall of 1967 after a year of planning financed by federal funds under Title III - Projects to Advance Creativity in Education (PACE). In order to study the learning problems of its failing primary students the Toledo Board established five full time placement classrooms known as the Alpha group and one full time class and seven itinerant programs in its school buildings known as the Beta group.

B. Rationale for CAPIC Classes

Society's demands on the schools are increasing each day. Not only must more complex materials be taught, but they must be taught in shorter units of time. No longer can we tolerate minor degrees of learning disabilities which would have gone unnoticed and been absorbed in a former generation.

Some children, either because of inadequacies in their organisms, in their environment, or in interaction between the two, cannot learn efficiently from normal classroom presentation of learning experiences. This is not to say they cannot learn, but rather to say that they will need individual assistance to be able to learn. These are children with no one commonality existing in them other than frustration and failure because of their learning disabilities. This learning disability is not the result of mental retardation, sensory deprivation, or cultural or instructional factors.

Rather than watered down courses or repetition of the same process that did not teach them in the first place CAPIC hopes to develop a program for these learning disabled children that will enable them to function more adequately in the classroom situation. CAPIC is a process, not placement. It is temporary, not long range. It is individual, not group. It is subtle, not gross. It calls for differential diagnosis and is based on interdisciplinary cooperation. It fits the program to the child based on medical, psychological, and educational evaluations. It seeks to insert itself into the diagnosis-remediation gap and eventually to intervene before a major learning breakdown occurs. It looks at atypical ways of achieving. It hopes to provide intensive help of an entirely different nature over a relatively short period of time, staying as close as possible to regular classroom provisions and hoping to restore the child to his classmates as soon as possible. It attempts to equip the child to understand himself better and to function more effectively when he does return to his classmates a more able learner.

Benjamin Bloom, (STABILITY AND CHANGE IN HUMAN CHARACTERISTICS, John Wiley and Sons 1964) in recent studies of children under eight years of age, suggests that failure to develop appropriate achievement and learning in these years is likely to lead to continued failure or near failure throughout the remainder of the individual's school career. Authorities agree that there is no one predictive index that will identify kindergarten children who will encounter learning problems of such severity that failure will be probable in the primary grades. This point remains troublesome, although it is agreed that teacher judgment is reliable in many instances. (Cohen, deHirsch, Hellmuth)

Coupled with available information on the relationship of school achievement and mental health and the importance of early learning the need for CAPIC becomes more precise. It seems logical to watch First and Second Grade students carefully and select those who are not succeeding. Whatever the causes learning breakdown seems imminent if not already established.

In working with younger children it is felt that "purer" learning and developmental disorders are apparent. It is generally agreed that effective learners acquire, associate, integrate, store, retrieve and utilize. By studying this sequence of learning we may discover the point at which effective learning is disrupted. If learning does occur on an interactive continuum from first sensory impressions to higher cognitive processes, from random motor movements to specific reasoning procedures, certain clues recur in the literature to suggest motor-sensory-perceptual-cognitive functioning in a hierarchical fashion. Opportunities, then, must be provided to diagnose and remediate disorders in any one, or combination of, these areas.

Several procedures were attempted in this initial operational year of CAPIC to explore the most effective way to provide help and to prevent frustration and failure in primary age children. It is the purpose of this report to evaluate these procedures and make recommendations based upon these evaluations.

C. Teacher Training

Upon the recommendation of the CAPIC Educational Advisory Board, a group that met during the planning period, a month of orientation was planned for the incoming CAPIC teachers. Instrumental in planning this program was Mrs. Bonnie Sloan, CAPIC Educational Specialist under the planning grant, Mrs. Carol Blaugh, Educational Specialist, Mr. Adolph Stadel, Operating Program Director and Mrs. Barbara McKillen, CAPIC Psychologist.

Generally the teachers had not had training in special education and had been recruited by expressing interest in working in this innovative program. Three of the teachers had worked with neurologically handicapped children and two of the teachers had taught in classrooms for the emotionally handicapped. Of the eleven teachers only two had had no previous teaching experience.

The teachers of the CAPIC classes spent the first month of the school year in an orientation program that would aid them to understand the children with whom they would be working; the type of curriculum that is thought to be most effective with children with learning disorders; and the classroom management techniques used with these children. The majority of these training sessions were held in one of the CAPIC classrooms at Hamilton School. Speakers both locally and from outside came before the group to discuss the CAPIC philosophy; the program itself and its objectives; the children whom the CAPIC program hoped to both study and serve; and demonstrate some of the techniques for teaching these children. The training included field trips to Columbus, Grand Rapids, etc. to observe programs already in operation.

At the conclusion of the formal orientation program the teachers went to their assigned buildings to prepare their classrooms and teaching materials. During this period they made individual observations of the children assigned to them and had the opportunity to discuss with their student's present classroom teacher the teacher's observation of the CAPIC student.

Where possible the CAPIC teacher saw her future student individually to become acquainted and to evaluate present skills and weaknesses so that she could more effectively plan an individual curriculum for that child.

All teachers were encouraged to be creative and to pull from their experience and knowledge gained in the orientation period. A minimum of direction was given. Aid was supplied in helping the teachers to develop their own ideas of how these children could best be taught.

For CAPIC Teacher Orientation Program see Appendix A

Teacher Evaluation of the CAPIC Orientation Workshop

In order to evaluate the program presented to them, the teachers were requested to fill out a First Comment sheet at the first meeting. At the close of the program the teachers were requested to fill out a Second Comment sheet.

The most obvious observation of the teachers' "First Comments" is the meagerness of their answers. Four teachers only gave two important things they felt should be considered in the education of a child. Many answers were only one word such "social", "emotional", or "academic". It is interesting to note however that the CAPIC teachers did not feel that their most important function in the classroom was to teach academic skills.

Listed as most important by five of the teachers was "Adequate Self Concept". "Realistic Adjustment to the Class" was felt to be the second most important fact that the teacher should attend to in the education of a child. The third was "The Transmission of Social Self Discipline".

As compared to the First Comments, the Second Comments were more verbal. As a general observation the tone of the comments went from a "what" to a "how". Four of the teachers commented that they had become more aware of individual needs and how to meet these needs. Four teachers felt that the orientation program reinforced their original thinking. Three teachers commented that there was need for more individualized teacher instruction.

It is interesting in this innovative program in which we are very concerned about meeting individual needs of students that we pay so little attention to the individual needs of teachers. Although theory is important it is clear that many more specifics are needed. Field trips and observations to ongoing programs are invaluable. There should have been more time spent in the actual construction of materials with guidance from trained personnel.

Recommendations for Teacher Training

1. As with the students the teachers will have to be evaluated to discover their weaknesses and their strengths.

2. As apparent needs arise the program will be planned accordingly.

    a. need for understanding of individual child
    b. need for special or different teaching techniques
    c. training for specific techniques
    d. construction of instructional materials
    e. planning pertinent field trips and observations
    f. small group discussion
    g. sharing of ideas

D. CAPIC Pupil Selection

Alpha Groups

The initial screening was done by the building principals and the classroom teachers. A CAPIC staff member consulted with the principals of elementary schools arbitrarily selected because of geographical location, size of buildings and available space in buildings.

The definition of a learning disorder by Kirk and Bateman ("Diagnosis and Remediation of Learning Difficulties", EXCEPTIONAL CHILD, October 1962) was used to explain in a general way the type of child being considered for the program.

> A learning disability refers to a retardation, disorder, or delayed development in one or more processes of speech, language, reading, writing, arithmetic or other school subjects

resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural or instructional factors.

After discussing each pupil who was thought to fit into one or more of these categories, the principal was to fill out Chart II and Chart III (see Appendix B) and while doing so to:

1. Keep the definition in mind.

2. Think in terms of children who are now having such difficulties in Grades One and Two that retention seems highly probable.

3. Think in terms of children who would seem to indicate normal range of intelligence but who were not learning; who exhibited a great gap between potential and achievement; who do not seem to respond to those measures which help children.

4. Remembering that varying patterns of behavior and academic performance are individualized and may be similar only to the extent that they are preventing the child from succeeding in his present situation.

The parents of the students thus screened by the teachers and building principal were contacted by the principals to see if the parents would be interested in special help for their primary child. Generally, this was well received by parents but there were isolated cases where parents refused to cooperate.

In July 1967 psychological testing was begun. Parents were contacted by the social worker. She arranged to interview the parents while the student was being tested by the CAPIC psychologist. A preliminary social history form was mailed to the parent before the interview. The form was to be filled out before the appointment and was then reviewed at the interview. This social history form (see Appendix C) was devised by the psychologist and social worker after consultation with the chairman of the CAPIC Medical Board.

The following battery of tests was administered by the CAPIC psychologist to the students.

1. Revised Stanford Binet Intelligence Scale, 3rd edition
2. Wechsler Intelligence Scale for Children
3. Illinois Test of Psycholinguistic Abilities
4. Bender-Gestalt Visual Motor Test
5. Purdue Perceptual-Motor Survey

In addition, several informal techniques were used to explore the students' time and space orientation, knowledge of symbols, and basic skills in arithmetic.

No academic achievement tests were administered at this time because of the long testing session. It was anticipated that this would be accomplished once the program was under way. This was not done because of the shortage of staff when the psychologist assumed the duties of coordinator of the project.

It was anticipated that the students in the Alpha group would be composed of younger children whom the major deterrent to academic success was limited to developmental and learning disorders.

In the Alpha group, learning foundations, acquisition and communication were to be stressed either in a clinical teaching, individual or small group situation. Included will be the development of readiness for academic learning, perceptual processes and approach to learning as well as verbal communication development.

The five Alpha classes housed at Old Orchard and Hamilton Schools for children with learning disabilities were submitted as special classes for neurologically handicapped children under the current standards adopted by the State Board of Education.

E. Class Description

The Alpha Groups

Old Orchard School

Since the CAPIC Program was to be innovative it was determined that some experimental types of approaches would be used. This included the team teaching approach at Old Orchard School. The rationale for this approach was that each teacher would become an authority in the area to which she was assigned, i.e., motor training, perceptual skills, and academic skills.

The children assigned to this cluster of three were divided into groups of ten based upon chronological age and maturity. Each group was assigned to a specific responsible teacher but each child worked with all three teachers throughout the day as they moved through their program in motor training, perceptual skills and academic types of tasks.

The team teaching approach was felt to be difficult in attempting to individualize curriculum. Three teachers must understand thirty children well versus one teacher understanding ten children in depth. The team teaching requires children with learning problems, which includes social relationships having to relate to three teachers and two aides. Although consistency was attempted through planning the risk of inconsistency was increased with so many adults in charge. Team teaching appeared to create more problems than it solved.

Hamilton School

At Hamilton School there were two self-contained units. Within the classroom individualized programs were planned according to the child's needs. Extensive testing done by the CAPIC teachers beyond that done by the psychologist better identified what techniques were to be used. Materials were developed and refined according to experience with them. Much work was done with these students to develop coordination, train looking and listening skills, foster verbal communication, and teach logical thinking, in addition to remediating reading, writing, and arithmetic. Generally the Alpha program was more clinically oriented and will serve as a model for future CAPIC classes.

Evaluation

The following battery of tests was administered by the CAPIC psychologist to the Alpha students at Old Orchard and Hamilton Schools.

1. Revised Stanford Binet Intelligence Scale, 3rd edition
2. Wechsler Intelligence Scale for Children
3. Illinois Test of Psycholinguistic Abilities
4. Bender-Gestalt Visual Motor Test
5. Purdue Perceptual-motor Survey

The children in these two schools were both pre tested and post tested. Not all students were tested on all tests. All test scores were submitted to the Educational Research Department at the University of Toledo for statistical analysis by computer.

The following questions were submitted:

1. Was there significant difference in the results between the schools (self-contained classroom vs. team teaching)?
2. Which tests reflect growth by significant differences between pre and post testing?

For posterity, correlations were also run on all tests correlating them with their individual subtests. For purposes of this report, it does not seem pertinent to include this extensive data at this time.

SIGNIFICANT DIFFERENCES IN THE RESULTS BETWEEN THE SCHOOLS
(self-contained classroom vs. team teaching)

As seen on Table 1 the only area in which there was significant difference between the schools at the .01 level of confidence was on the Weschler Intelligence Scale for Children Pre test. Further study indicates that this occurred because of the significant difference (significant at .0005 level of confidence) between the Performance portion of that test as opposed to the Verbal portion where no significant difference exists. This is to state that the Hamilton students were less able to score on the performance items than were the students at Old Orchard School at the beginning of the program. At the end of the program there was no significant differences between the two groups inferring that the Hamilton students improved more than the Old Orchard group although both groups improved significantly (significant at the .0005 level of confidence) in this area (see Table 2).

As a generalization it may be stated that the students from the Old Orchard groups came from a better socio-economic background and it may be assumed that these children have had more manipulative type toys, more picture books and magazines within their homes, more opportunities for experiences that would prepare them for the tasks required on the WISC Performance test. However, both groups improved within the program because of motor training, eye-hand coordination, developmental tasks, sequential training and pattern reproduction. The Hamilton group improved the most because of the self-contained classrooms with highly skilled teachers who had very structured programs in this area that were individualized where pertinent. The Old Orchard Program was more casual and no individualization was attempted. Based upon this objective type of evidence plus observation and personnel evaluation it has been determined that team teaching is not effective or efficient in this type of classroom. Therefore the self-contained classroom with its individualized programs will be retained as procedure for the CAPIC program.

WHICH TESTS REFLECT GROWTH BY SIGNIFICANT DIFFERENCES BETWEEN PRE AND POST TESTING?

The WISC Performance Test was the only test that reflected the growth of the students within the CAPIC program. CAPIC with its daily program on motor training to develop laterality and directionality; its concentration of awareness of pattern and skill at duplication; its work with sequential development and eye-hand coordination; lends itself to improvement in all areas measured by the WISC Performance. It would almost seem as if there would be concern if no growth or change occurred.

TABLE 1

T-Score comparison between Hamilton School (self-contained classroom) and Old Orchard School (team-teaching).

Variable	Hamilton	Sd.	Old Orchard	Sd.	T-Score
Binet IQ Pretest	86.37 (8)	5.611	91.27 (18)	9.56	1.29
Binet IQ Post test	88.87 (8)	5.134	91.72 (18)	9.39	.774
Mental Age Pretest (months)	74.50 (8)	4.795	79.12 (16)	12.91	.93
Mental Age Post test	83.25 (8)	3.455	88.56 (16)	13.79	1.02
Wechsler Intelligence Scale for Children (WISC) Full Scale IQ Pretest	86.57 (7)	5.314	96.87 (8)	5.96	3.26S
WISC Verbal IQ Pretest	92.14 (7)	7.491	94.62 (8)	8.35	.56
WISC Performance IQ Pretest	80.26 (15)	7.169	97.88 (9)	9.31	4.97S
WISC Full Scale IQ Post test	98.00 (7)	6.989	102.77 (9)	14.15	.76
WISC Verbal IQ Post test	97.42 (7)	7.208	97.55 (9)	11.12	.02
WISC Performance IQ Post test	99.20 (15)	10.621	106.30 (10)	16.68	1.24
Illinois Test of Psycholinguistic Abilities (ITPA) Total Language Age Pretest (months)	80.61 (13)	9.008	79.88 (18)	16.29	.14
ITPA Total Language Age Post test	84.46 (15)	12.664	88.52 (17)	15.10	.79

TABLE 2

T-Score comparison between Pretest and Post test scores on CAPIC Alpha students

Variable	Pretest	Sd.	Post test	Sd.	T-Score	Needed T-Score at .01 Level
Binet IQ (26)	89.76	8.84	90.84	8.42	.441	2.49
Wechsler Intelligence Scale for Children (WISC) Full Scale IQ (16)	92.06	7.65	100.68	11.82	2.31	2.60
WISC Verbal IQ (16)	93.46	8.05	97.50	9.61	1.22	2.60
WISC Performance IQ (25)	86.87	11.72	102.04	13.82	4.04	2.49
Illinois Test of Psycholinguistic Abilities (ITPA) Total Language Age (months) (32)	80.19	13.72	86.62	14.16	1.80	2.46

Summary

Although these tests were selected in the hope of providing some objective conclusions to the growth of students in the CAPIC Program, it is truly questionable as to how well they measured what it was anticipated they would measure. No tests devised could measure the improvement that subjective observations of the teachers and parents felt indicated improvement. The students now have begun to act like students and to see themselves as individuals of worth. Their attitudes toward school have improved. They are more outgoing and communicative because of improved expressive skills and increased self assurance.

During the 1968-69 year the Alpha students will be followed back into their home school buildings by a CAPIC itinerant teacher. Her responsibility will be to pre and post test these students on the Wide Range Achievement Test so that there will again be an objective measure of growth; she will counsel with principals, teachers and parents as the needs arise; and most importantly she will offer supportive help to the returning children providing further work in CAPIC techniques, tutoring to supplement classroom work depending upon the individual needs of the child. It is conceivable that some students will not need her at all, and other students will need her help a great deal.

This plan is also to explore the effectiveness of such a staff person in the future who would provide transitional help to classroom teacher and the student returning from a clinical teaching situation.

The Beta Group

In this group were placed children of various ages who have been recommended by psychologists as showing the characteristics of children in whom major symptoms of learning disabilities have erupted into many complicating factors.

In the Beta group, because of the ages of the children, much relearning was to take place. Procedures followed were basically the same as used in the Alpha groups only the emphasis was changed, concentrating on the resulting complexities of lack of early therapeutic intervention.

Whittier School

The project at Whittier School was submitted as a diagnostic teaching unit under the experimental clause provided in the State Standards for the neurologically handicapped program.

The students in this classroom had now reached the intermediate grades without absorbing basic skills that would help them to function in an academically successful way. The teacher individualized the program to concentrate on each student's particular skill need. A great deal of time was devoted to behavior since failure had created in these students poor self concepts and no identification of themselves as learners. As behavior and academic skills improved the students began to return to the regular classrooms for brief periods each day.

This class is to be discontinued at Whittier School as CAPIC moves into a center at Riverside School where the clinic and the diagnostic classrooms will be contained in the same building. This type of class will be restructured in succeeding years to be truly diagnostic in nature. There will be no permanent placement. Children whose learning styles are not clear will enter the class to be studied and programs planned for them. They will be reintegrated into the regular classroom as soon as feasible. Children beyond the primary grade level will not be acceptable. First Grade students will be given preference.

Longfellow - Cherry

Itinerant Program for perceptual development at Longfellow-Cherry, Arlington-Elmhurst were approved as experimental units under neurologically handicapped.

The children who were eligible for the perceptual development training were students in the Primary Grades who were referred for psychological examination because of difficulty in learning and retaining academic work. They were diagnosed as perceptually handicapped children because of lack of eye-hand coordination, figure-ground discrimination, memory for form, spatial and temporal orientation and general organization. These children needed something more in the way of gross muscle and small muscle training that was not provided in the classroom.

The CAPIC teacher again screened these children with personal observation of their performance in the regular classroom and by conference with the classroom teacher. When it was determined that the student was an appropriate candidate for the CAPIC program such placement was discussed with the building principal, and if necessary, with the child's parents.

In the Cherry-Longfellow Schools the Primary teachers met with the CAPIC staff to discuss the type of student for whom the itinerant program was designed. The selected children were further diagnosed by the Lafayette Clinic test to identify the particular difficulty of that child. Children were then scheduled to be seen individually or in small groups.

The CAPIC teacher was in one building in the morning, and a different building in the afternoon. In each building she had a small classroom in which to work. Furniture, equipment and supplies were provided from the CAPIC budget.

There was no routine procedure followed in the Beta itinerant program for perceptual development. The teachers had many materials and techniques from which to select. The program was designed to fit the child rather than the child to fit the program. Techniques were borrowed from Cruikshank, Kephart, Getman, and Frostig. Because these children were experiencing problems with laterality and directionality there was motor training with walking boards, balance boards, exercises from Kraus-Weber, Angels-in-the-Snow and games to develop eye-hand and eye-foot coordination. The awareness of pattern and shape was trained through the use of parquetry blocks, pegboards, and templates. Children who did not understand vocabulary having to do with space and time worked with language development to correct misconceptions making them better able to understand and communicate verbally.

Beta Testing

At Longfellow and Cherry Schools there were itinerant programs for perceptual development. The students in these programs remained a part of the regular classroom and were seen for brief periods each day by the CAPIC teacher. These students were also pretested and post tested on a broad battery of tests known as the Lafayette Clinic Tests. These are actually a collection of tests felt pertinent to the diagnosis of learning disabled children. Included in this battery of tests are the following:

1. to test Visual Perception Discrimination
    a. Monroe Visual Test I
    b. Frostig Figure-Ground Discrimination
    c. Frostig Position in Space
2. to test Visual Perception Constancy
    a. Durrell Word Recognition and Word Analysis Rating Score
    b. Durrell Visual Memory Test

3. to test Auditory Perception Discrimination

    a. Monroe Auditory Test I Rating Score
    b. Wepman Auditory Rating Score

4. to test Orientation

    a. Lafayette Orientation Rating Score
    b. New York Test of Arithmetic Reasoning Rating Score
    c. Frostig Form Constancy
    d. Frostig Spatial Relations

5. to test Memory

    a. Immediate Rote Visual, Monroe Visual Test III Rating Scale
    b. Immediate Meaningful Auditory

        1. Monroe Auditory Test III
        2. Durrell Listening Comprehension Rating Score

6. to test Integration

    a. Monroe Language Test II
    b. California Mental Maturity Test 6 and 7
    c. Puzzle Rating Score

7. to test Gross Motor Coordination

    a. Frostig Eye-motor Coordination

8. to test Fine Motor Coordination

    a. Lafayette Clinic Fine Motor Control Rating Score

9. to test Linguistic Output

    a. Monroe Language Test III

Except for the Frostig the scores of the other tests were rated as "Markedly Deficient", "Somewhat Deficient", and "Age Appropriate." For analysis by the computer this type of rating was too gross to be meaningful. However, the differences in the pre and post testing were felt better than was due to chance alone by the Chi-square procedures on the Lafayette Orientation Scale, the Wepman Auditory Rating Scale and the Lafayette Clinic Fine Motor Control Test.

The Frostig Tests were scored by age level achieved. The time period between the pre and post testing was seven months. The following table indicates the differences between the pre and post testing according to schools and subtests.

Variable	School	Pretest Score	Post test Score	Difference
Frostig Figure Ground	Cherry	62.33	77.55	15.22
	Longfellow	64.31	70.87	6.56
Frostig Position in Space	Cherry	63.66	76.11	12.45
	Longfellow	62.18	70.87	8.69
Frostig Form Constancy	Cherry	56.22	87.77	31.55
	Longfellow	65.18	78.12	12.94
Frostig Spatial Relations	Cherry	69.11	77.77	8.66
	Longfellow	68.87	74.75	5.88
Frostig Gross Motor Coordination	Cherry	64.11	73.33	9.22
	Longfellow	59.56	76.68	17.12

The Cherry School mean differences are significant at the .01 level of confidence by t-test procedures for Position in Space and the Form Constancy Test. Although the growth is greater on Cherry Figure Ground and Longfellow Motor Coordination the standard deviations for those tests are such that the mean differences are not significant.

Itinerant Program for Improvement of Self-Concept

As a result of environmental problems and/or lack of successful interpersonal communication there are children in the elementary schools who have developed a low self-concept of themselves. This low self-concept is demonstrated in the child's inability to adjust to school routine, inability to exhibit proper behavior expected of him and usually, inability to progress in school work to the level his measured potential promises.

The CAPIC Self-Concept classes hoped to locate and counsel these children who are having problems before these problems become behavior patterns and personality traits which are undesirable. By keeping these children in their home schools, rather than transplanting them into another school with children experiencing similar problems, it was hoped that they would be able to continue to operate in a more natural environment yet also benefit from individual attention of a special teacher who would also work with the parents and the home room teacher.

Evaluation

Although it was not intended, the students seen by the CAPIC teachers were frequently multi-problem children whose difficulties with the school were long-standing. They may never be resolved which placed the CAPIC teacher in a frustrating and unrewarding position.

The CAPIC program saw some successes but such successes are difficult to evaluate since they do not lend themselves to objective evaluation.

Recognition was made of the difficulties the students were facing, but how to help them was not known. It was observed that there was need of both teacher and parent orientation as to the objectives of the improved self-concept. Little of what was accomplished in the CAPIC classroom appeared to carry over in the regular classroom or to the home. Early identification and prompt intervention seem paramount.

The work of the CAPIC teachers in these situations closely resembles those of an elementary counselor or school social worker. Because of this parallelism CAPIC programs of this nature will be discontinued.

Itinerant Program for Emotionally Disturbed Junior High School Students

Classes for emotionally handicapped children in regular elementary schools were begun in the Toledo area in 1962. There are at present four such classrooms for full-time placement for elementary school children in the Toledo schools. There were no classes as such at the Junior High or High School level. This means in effect that when emotionally handicapped students went beyond the Sixth Grade there was no program for them. Even such children who had had such placement in the past had to go back to the regular school program whether or not they had demonstrated that they were ready to do so. It was felt that if some sort of supportive tutorial help could be provided for these students, and to others who have not had such placement but had school adjustment problems, that the transition to regular classroom placement would be smoother and less traumatic to all persons involved.

The students in the CAPIC program were enrolled in regular classes in McTigue Junior High School. The tentative plan was to provide counseling and tutoring service for these students during study periods. The CAPIC teacher was to interact with teachers, guidance counselors, the principal, and parents. The purpose of the program was to help the identified student gain the ability to relate realistically with his environment.

The itinerant nature of this program appeared to be a better approach than that of operating as a separate self-contained class, especially at Junior High level. It is unrealistic to separate adolescents from all the important "groups" at this stage or any subsequent stage in life. Segregation at this age would only serve to stunt social growth, and certainly, progress would be slow with several disturbing students in the same class perpetuating each other's behavior.

No set procedure was followed by the CAPIC teacher. Each student's need was totally individual. Each student's deficiency and difficulty was quite unique to him. A great deal of time was spent in improving academic and social skills. Tutoring, art, music, films, group therapy, teacher-pupil-counselor conferences, parent conferences and parental group therapy, game therapy and even dancing instruction were some of the methods used to build social and academic skills as well as raise self esteem.

As with the improved self-concept itinerant programs at the elementary level objective evaluation of this program is difficult to obtain. There was a grade point average increase of 1.05 in the permanent caseload of eleven students. Of this group two students remained the same and two regressed. School attendance improved.

However, in Junior High, teachers carry heavy loads in terms of the students they see each day. They appear to resent the CAPIC teacher who has only eleven students, seen mostly on a one-to-one basis.

Although this program appears to be effective, (grade point rise of 1.05) the economics of such a program is questionable. The CAPIC teacher seems to be duplicating the role of counselor already present in the building except more intensely.

This program will not be continued.

F. Workshops

In addition to the CAPIC Alpha and Beta programs, workshops were established in three of the elementary school buildings requesting them. Four lunch hour sessions were held with interested teachers. These were well attended and appear to have been successful.

The purpose of these workshops was to sensitize the regular classroom teacher to children with learning disabilities. The program evolved from teacher needs. Two of the meetings were devoted to a description of these children and their problems. These were handled by the CAPIC coordinator. One meeting was presented by the educational specialists. Their goal was to relate the materials present in the regular classroom to the needs of these children. The last meeting was presented by a CAPIC teacher describing techniques used by her that would be feasible in a regular classroom setting.

Evaluation

Evaluations of these workshops were made by the participating teachers. (See Appendix D for form used)

Generally most of the teachers felt that the workshops were of value. Demonstrations were of more value than the initial explanations. The teachers seem to prefer this type of workshop as opposed to sessions after school or on a Saturday morning.

Because there is such lag at the University level in providing courses, seminars, and workshops for teachers of children with learning disabilities it seems pertinent that the CAPIC project establish an in-service program for the regular classroom teacher to sensitize her to the needs of these children so that she may become aware that a need does exist and how to best meet it.

G. Summary

In this initial year of operation the growth of CAPIC has been slow but steady. In spite of much careful planning much had to be learned from experience or evolved from experience. As is so often the case in professions, the staff developed and grew with the project trying always to maintain the CAPIC objectives as originally established. It is felt that these goals, although not yet met, are in the process of evolving.

It is thought, for instance, that teacher identification of children with learning disabilities is valid. From the experience with the Alpha screening process this would seem to hold up. To test this hypothesis the kindergarten teachers in the Toledo Schools were asked to identify the children they felt would not succeed in First Grade for a number of reasons. Four hundred and eighty-eight such children were identified. In the next school year the First Grade teachers will be asked to identify their failing children and the lists will be matched for correlation. Although there are many variables involved it will be interesting to note if there is consistency.
(See Appendix G for results of this study.)
Kindergarten is a year of observation. From experience with the CAPIC students it would seem that these students are readily identifiable then. If the aim of CAPIC is early identification and intervention it would seem that this is the location in the time of a student's life when help can be most effective. Retention is not the answer as many school men will argue because it seldom is the key to solution of learning problems. Potential dyslexic children appear to need more than repeating a program that was originally ineffective. CAPIC feels that it has developed some techniques that appear to have been effective. Only longitudinal study of the students helped in the past year will indicate how effective these techniques have been.

In an attempt to establish proof in the coming year, control and experimental groups are planned. Several school buildings have indicated the presence of enough unready First Grade students to justify the establishment of control and experimental groups chosen through random selection. The experimental group will be given training by an itinerant teacher to compliment work done in the regular classroom. It is hoped that these findings will be significant suggesting that it is possible to provide a booster program for children without permanent or semi-permanent removal from the regular classroom setting.

These programs will also act as screening devices for the Center. Truly deviant children who cannot be helped by the itinerant program will be sent to the Center for more in-depth evaluation by the CAPIC psychologist and educational diagnostician. When their diagnosis has been made there will be staffings with the social worker who will have interviewed the parents for pertinent social history. A complete physical by the family doctor will also accompany the child. At these staffings recommendations will be made as to the most effective way to help this student, whether it be social, medical, or educational. If the problem is an educational one the student will go to the diagnostic classroom. If the problem is a social one the appropriate social agency will be informed. During the school year 38 such contacts were made by the social worker. If medical help is needed, referral to the appropriate discipline will be made. In this way the child will be programmed by the best thinking of all the disciplines involved. There will be a coordination of effort between the medical, social, psychological, physical and educational persons to evolve a school program that will help the child toward academic success.

H. Second Phase of Initial Operational Year

The school calendar year goes from September to June while the Title III funding year for CAPIC runs from February to February. This means that this initial operational year is in fact part of two school years. It seemed pertinent that CAPIC take advantage of the wisdom acquired in this initial half year of experience. Several developments lent themselves to now making a change in CAPIC's format from that as classrooms for children with learning disabilities to a Center for the interdisciplinary evaluation of children with learning problems and the supportive diagnostic teaching classrooms.

The Riverside Center

In the spring the CAPIC Program moved into Riverside School where two large basement rooms had been remodeled for an instructional materials center and central staff offices; an office for the director was provided and two third floor classrooms were partitioned to become four small diagnostic teaching classrooms.

In August of 1968 the central staff of director, social worker, educational diagnostician and educational specialist met to plan procedures for the operation of the Center. Much discussion was involved as to how children would be referred to the Center, how they would be processed once they were there, and how the results of the testing would be disseminated.

The first three weeks of the school year was devoted to a teacher training program taught by Mrs. Bratten, the educational diagnostician. Mrs. Bratten had developed an especially excellent teacher training program (see Appendix E) in the summer of 1967 at the University of Maine, and in the summer of 1968 in Florida. Other central staff personnel acted as resource persons presenting their disciplines to the group which included not only the teachers but their aides as well. The goal of this particular program was to overcome the weaknesses of the teacher training program of the first phase. The teachers learned more specifically about the problems of the learning disabled children, their management and their teaching. The teachers constructed materials and learned to use the audiovisual aides now available in the instructional materials center. No field trips or observational visits were made feeling that there was much to be absorbed in our own CAPIC Center.

CAPIC had a new image to establish. Examination of the referrals for psychological evaluations in the Toledo City Schools indicated that the greatest number of referrals began at the Second Grade level. In keeping with the CAPIC philosophy of early identification it had been determined that in this pilot study only First Grade children would be acceptable. This meant that there was need to alert building principals and First Grade teachers to make them aware that these services were available to these younger children. At this early period in the second phase most of the referrals have come from buildings where the CAPIC Program has either been, or where there have been workshops. As with past educational programs change is slow and the best salesman for the program is experience with its effectiveness. (see Appendix F for referral procedures)

Itinerant Programs

Itinerant in this context means that some of the CAPIC teachers function in schools outside the Riverside Center working with small groups of First Grade children for brief periods everyday. This means that the CAPIC student does not have the in-depth interdisciplinary evaluation and does remain a member of the regular First Grade class. It is hoped that with the additional help these students will be able to succeed in First Grade. These are students identified by their past kindergarten teachers and their present First Grade teachers as "immature" and unready for the demanding tasks of First Grade.

In order to provide some objective evidence that the CAPIC techniques are effective, experimental and control groups were established in four of the nine schools serviced by this CAPIC Itinerant Program. Twenty-four teacher-identified First Grade children in each building were tested on the California Mental Maturity Test--Level 0. Random selection was made by classroom. Twelve children, working in groups of four, will work with the CAPIC teacher on motor training, perceptual training tasks, and language development. Twelve children, as controls, will receive no CAPIC help. At the end of the school year all children will be retested. It is hoped that the results will be significant in favor of the experimental children. If CAPIC techniques are effective then it will be recommended that these techniques and materials be adopted for immature First Grades as a failure prevention program in the regular school curriculum.
See Appendix H for description and study.

Alpha Itinerant Teacher

One of the weaknesses of school psychological services has been the lack of follow-up of recommendations to the regular classroom teacher. Psychologists are in short supply and their time curtailed but their effectiveness is stilted if there is no follow-up. With a large group of Alpha children returning to the classroom it seemed appropriate to experiment with the concept of an itinerant teacher following the children back into the classroom to help the child adjust to the more normal realistic setting; to help the teacher, if necessary, adopt the curriculum to the CAPIC child's identified weaknesses; counsel with the parents; and follow-up on any medical recommendations made. This teacher will also both pre and post test all Alpha children on the Wide Range Achievement Test to measure growth in the first post-year of CAPIC placement.
See Appendix I for description and result of Wide Range Achievement Testing.

Additional CAPIC Services

In addition to services to children CAPIC hopes to offer services to adults concerned with the needs of these children. This includes not only workshops to teachers within the Toledo School System but as a consulting service to teachers in private and parochial schools, teachers from surrounding areas, administrative staff, parents, speech therapists, doctors, optometrists, and representatives from various commercial firms interested in CAPIC procedures and materials.

II. UNPREDICTED OUTCOMES

Probably the most unpredicted outcome of this initial year was the development of roles. In innovative programs where there is no precedence it is almost impossible to identify what a role is going to be beyond a vague outline based upon some well calculated hunches. One of the excitements of a Title III project is to observe the evolvement of these roles: whether they followed prescribed lines, take off on tangents, or blossom into more complexity than anticipated. It is this latter that is especially true of the CAPIC program.

The following detailed description of the role of the social worker is a case in point.

SUMMARY AND EVALUATION

During the 1967-68 academic year, the purpose of the social work position in the CAPIC Program was delineated as follows: to provide more effective communication between school personnel and parents of children in the CAPIC Program and to serve as the referral and liaison source between the school and community.

As the CAPIC Program evolved and changed during the school year, the role of the social worker correspondingly changed in an attempt to effectively meet Program needs. All the methods of social work, including casework, group work, community organization and administration were employed in the position.

In the fall, social history taking (twenty-seven), dictation, along with attendance at the orientation and in-service training sessions of the CAPIC program had priority. CAPIC classes began operation in mid-October, 1967. In November, three crises were dealt with that concerned parental demands that their child be removed from the Program at Old Orchard School. Also, in November, treatment contacts were initiated, individually and in groups with alpha (Old Orchard and Hamilton) children. (Through using the group method, eighteen of the twenty-eight children at Old Orchard were seen by the social worker.) Treatment contacts were continued on a regular basis with approximately ten children until mid-April, 1968. After Spring Vacation in April, there was a diminution of individual and group contacts with the children.

Planning was initiated in late February, 1968, for a series of guided-group discussions with parents of the Alpha children. Intentions were to conduct four groups, concurrently (two day and two evening groups). However, one group did not materialize. The purpose of the group was educational-informative. The content of the discussions were structured. The first meeting focused on: getting acquainted, the purpose of the discussions, eliciting parental understanding of the CAPIC Program and why their child was selected for special-class placement and providing an overview of the CAPIC Program. The second parent-group discussion focused on: characteristics of children in our Program, some of the activities of the CAPIC teacher and review of a list of activities that could be done by the children at home which related to readiness for academic work. The third and final meeting concerned general plans for CAPIC in the 1968-69 school year and general concerns that the parents had for their children who would be returning to the regular classroom. Because of lack of suitable space and difficulty in making arrangements for the parent-groups to meet in a school building, other arrangements were made. The two-day-groups met at Monroe Street Methodist Church and the North Toledo Community House. The evening group met at Augsburg Lutheran Church. Of the three groups, the Old Orchard, Evening-Parent-Group had the best attendance, with five, six and eight parents at the meetings. Three parents regularly attended the Old Orchard, Day-Parent Group, while the three meetings of the Hamilton Day Group were attended by three, two, and two parents respectively. Mrs. McKillen, CAPIC Coordinator, was the resource person for the first and third meetings, while Mrs. Bratten, CAPIC Educational Diagnostician, was the resource person at the second group discussions.

While the parent-groups were meeting through April and into May, considerable time was expended in an attempt to complete the CAPIC History and Physical Report completed by the family doctors of the forty-three Alpha children. This procedure involved obtaining signed Medical releases from the parents, sending the medical forms to the family doctor, completion of the physical examination and securing the form from the doctor. To date, twenty-nine of the forty-three Alpha children have been processed.

Beginning in late April, 1968, Staffings on the Alpha children were conducted with the CAPIC Medical Consultant, the late Dr. Ralph Zucker.

Emphasizing the inter-disciplinary approach, the Central CAPIC Staff and Teachers participated in these staff meetings. Ten children were staffed prior to the end of the school year. Some of the other functions of the CAPIC Social Worker during the 1967-68 school year include: Collaboration with teachers, other school personnel and community resources and agencies in managing and programming children through interpretation of casework material, serving as the referral and liaison source between the school and community, serving as the consultant for the Itinerant Emotionally Disturbed Program, and assistance of the CAPIC Program in redefining and clarifying the role of the social worker.

The aforementioned duties were executed with the goal of assisting the child who evidenced learning and developmental problems to adjust socially and emotionally in school and to help the child better utilize his intellectual potential.

EVALUATION

The social work position in CAPIC in 1967-68 was exciting, challenging and evolutionary. Problems encountered included the lack of an adequate private office for interviewing children and parents. As a result, children were seen in rooms in the schools at times when other school personnel were not using the facilities. This necessitated noon-hour contacts with children at Old Orchard School. Arrangements were made to see parents in their homes, at times convenient to them (11% of work-time was spent in home visits.) Those few parents who did attend the parent-group meetings at Hamilton School were parents whose homes had been visited many previous times before the onset of the group meetings. It is felt that the personal reaching out approach is more effective in engaging parents of the educationally disadvantaged and on programming for their children's needs. Adaptation to the lack of an adequate office, in the case of home visits, at least, did not deter effective social work functioning.

Lack of available facilities within the schools for parent-group discussions forced again, a reaching-out approach this time into the community. Dissemination of information regarding CAPIC was effected through the arrangements made with Augsburg Lutheran and Monroe Street Methodist Churches, and the North Toledo Community House for the guided group-discussions for parents.

Although the numerical response to the parent group discussion was low, those in attendance responded favorably to the discussions. It was agreed that such group discussions shortly after school opened, as well as during and at the end of the school year would contribute even more to establishing effective communication between the school and home.

It was physically impossible for the social worker to be as actively involved with the itinerant part of the CAPIC Program as had been hoped for and planned. The decision had to be made early in the year that the greater part of work time would be delegated to the forty-three younger, Alpha children. The two itinerant emotionally disturbed units were particularly effected as it was felt that sufficient time was not available for the social worker to provide the consultation services needed by these units under the circumstances that prevailed (the Supervisor of the units had resigned to move out-of-town in October, 1967).

Finally, the social work position in the CAPIC Program during the 1967-68 academic year was allocated on the basis of teaching time (nine and one-half months) and teaching salary. Two weeks of extended time were granted, one prior to school opening and the other week in July, 1968. In view of the evolvement of the social work role in CAPIC, the time and monetary compensation allotted to the position was not commensurate with that actually needed to effectively function in the position. It would seem that a ratio-status for the social work position would be apropo.

	TYPE OF CONTACT								MILEAGE
	SCH	HV	OV	AG	CF	TL	LT	DICT	
November	16	11	21	10	9	39	8	5	180
December	6	4	11	6	7	24	9	2	106
January	14	27	19	11	7	42	9	2	134
February	28	23	16	12	7	36	9	0	190
March	10	8	31	6	5	24	2	1	121
April	14	5	13	8	6	24	11	0	90
May	15	10	18	10	4	60	13	0	73
June	0	0	3	1	0	2	6	17	20
TOTAL	103	88	132	64	45	251	67	27	841
Percent of Time	13.3	11.3	16.9	8.2	5.8	32.3	8.6	3.5	

KEY:

School	Personal or a substantive phone interchange with a principal, assistant principal, guidance counselor or teacher regarding a child and/or family.
Home Visit	Personal contact with the parent or legal guardian of a child.
Office Visit	Personal contact with children in a room within a school building (except for four office visits in the board building).
Agency	Personal or substantive phone contact with professional persons, individually or as representative of social agencies, i. e. physician, lawyer, psychologist, Child and Family Agency, Lucas County Diagnostic Clinic, Lucas County Welfare Department, Juvenile Court and North Toledo Community House.
Conference	Consultation with the CAPIC teachers in the Itinerant Emotionally Disturbed program; conferences with CAPIC teachers and other professions.
Telephone	Phone call received from and made to another person that is not substantive in nature to be included in other types of contacts.
Letters	Correspondence with parents, social agencies and other professional persons concerning children in the CAPIC Program.
Dictation	Includes CAPIC Social Histories and Termination Reports on four children withdrawn from the Program. Summary reports will also be included under this category.

ADMINISTRATIVE DUTIES

CAPIC Orientation Meeting at Riverside School.

CAPIC Steering Committee Meetings in March and May, 1968.

Fine staffings of CAPIC Central Staff and Teachers with Dr. Ralph Zucker Medical Consultant.

Meeting with visitors from Painesville, Ohio schools.

Consultation with Miss M. Bixler of Planning Council of Northwestern Ohio
Re: Social Work Role in CAPIC, and Mrs. C. Platt, Associate Professor of Social Work, WMU, Kalamazoo, Michigan

Development of forms for CAPIC Program----

Daily worksheet for CAPIC (Social Work) contacts:

Form letter to parents re: initial parent-group discussions.

Form letter to parents re: subsequent parent-group discussions.

Form letter to parents re: change in Hamilton parent-group discussions.

Form letter to parents re: CAPIC History and Physical examination form.

Parent permission for release of reports to and from family physician.

Revised form letter to family physicians re: CAPIC History and Physical Report.

Form letter to parents re: release for CAPIC History and Physical Report.

Professional Meetings and Activities

Attendance at Michigan Association for Children with Learning Disabilities, Ann Arbor, Michigan, in May, 1968 (reimbursed).

Attendance at American Group Psychotherapy Meeting in Chicago, Illinois, in January, 1968 (no reimbursement).

Monthly meetings of local chapter of National Association of Social Workers.

Monthly meetings of Lucas County Association for Parents of Neurologically Handicapped Children.

Workshop at American Red Cross on Disaster Training on March 12, 1968.

Panel member at Careers' Day of Toledo Diocesan Guidance Council, November, 1967, at McAuley High School.

Panel member on Social Work Activities in schools at March, 1968 meeting of Publicity Council for Social Agencies.

PURPOSE AND FUNCTIONS OF THE CAPIC SOCIAL WORK POSITION

I. RATIONALE FOR THE POSITION

A. Purpose and objective

The purpose of the social work position is to provide more effective communication between school personnel and parents of children in the CAPIC Program and to serve as the referral and liaison source between the school and community.

The objective of the social work position is to help the child who evidences learning and developmental disorders to adjust personally and socially in school and to utilize his intellectual potential in school.

II. FUNCTIONS OF THE CAPIC SOCIAL WORK POSITION

A. Serve as the liaison person between the CAPIC Program and the home by:

Participation in the CAPIC Intake, Placement and Termination Procedures for First Grade Children (see attached form).

To date, April 14, 1969, fifty children have been processed with the CAPIC Evaluation (social history, psychological and educational testing); with completion on forty-seven children. Three parents refused to have the evaluation done; one family moved and did not respond to attempts to contact them.

Of the forty-seven children evaluated, thirty-five have been placed in the CAPIC Diagnostic Teaching Classroom since October 1968, on a full-time basis and two on a part-time basis. By April 14, 1969, eight children left the Diagnostic Teaching Classroom; six returned to the regular classroom, one moved out of town, and one was suspended from school for the remainder of the year.

Essential follow-up work to effect special class placements (E.D., A.C., or N.H.) has continued on five children while medical follow-up is being done on a sixth child. In addition, of the thirty-one children currently in placement, approximately ten are felt to be candidates for the N.H. Classes and follow-up work is being done to effect these placements in the fall.

B. Assisting in the selection of children who need the services of the social worker and in providing casework and group work services with parents and children by:

1. Maintaining regular contacts with selected children on an individual and/or group basis.

   Because of limited time, only two children are currently being seen in weekly play-therapy sessions. It is felt that approximately ten other children in placement in the Diagnostic Teaching Classrooms need and could benefit from casework services.

PURPOSE AND FUNCTIONS OF THE CAPIC SOCIAL WORK POSITION

2. Organizing and guiding parent-discussion groups (orientation and on-going groups).

   In the fall, two orientation parent-group meetings were held in the evening at Riverside School. Recently, an evening meeting was held with the parents of six children who were terminating CAPIC Placement and being returned to the regular classroom. Unfortunately, no on-going parent-group meetings were held, although tentative plans had been made to hold a series of meetings.

3. Providing continuing casework with individual children and parents and assist them in the development of readiness for referral to community resources and agencies.

   Casework services have been offered parents of four children on an on-going basis, while a crises intervention approach has been used with the parents of approximately seven children. In addition, the parents of three children have been worked with to assist in referral to agencies in the community.

C. Serve as the referral and liaison source between the school and community by:

1. Participating in the selection of children and families requiring referral to community resources and agencies.

2. Referring children to the appropriate community resources and agencies and working with those community resources and agencies actively involved with CAPIC children.

   Of the forty-seven children evaluated by CAPIC, eight children are supported by the Aid to Dependent Children's Program and the Child Welfare Board has temporary custody of three of these children. Seven of the eight children are in placement in the CAPIC Diagnostic Teaching Classrooms. In addition, six other children and their families are being worked with by other agencies in the community that include the Ralph L. Zucker Center, Lutheran Welfare, Toledo Catholic Charities, Mental Hygiene Clinic, Child and Family Service and St. Vincent's Diagnostic and Treatment Center.

3. Providing on-going liaison between the school personnel and the medical services in the community.

   Approximately thirty of the forty-seven children evaluated have diagnostic and treatment services provided by a multitude of medical personnel. These would include the CAPIC History and Physical Report done by the family physician or Dr. Rejent at Maumee Valley Hospital, visual examinations by optometrists and ophthalmologists, hearing and speech evaluations at the Toledo Hearing and Speech Center, as well as services provided by specialists, such as ear, nose and throat examinations, neurologists and a psychiatrist.

PURPOSE AND FUNCTIONS OF THE CAPIC SOCIAL WORK POSITION

D. Collaborate with CAPIC Teachers, other school personnel and community resources and agencies in managing and programming children through interpretation of casework material by:

   1. Participating with the CAPIC team in the home-school staffings on a child evaluated at the Center.

   2. Participating in weekly staffings with the CAPIC team and the CAPIC Diagnostic Teacher on children in placement at Riverside.

   3. Providing support and acting as a resource person for CAPIC Diagnostic Teachers, their Aides, and the cab drivers in order to facilitate the child's adjustment during placement in the Diagnostic Teaching Classroom.

   4. Participating in CAPIC Staff Meetings, Work Shops and the in-service training program in September, 1968.

E. Assist the CAPIC Program in re-defining and clarifying the role of social worker by:

   1. Performing the aforementioned duties.

   2. Participation in the development of effective operational procedures essential to the establishment of the program as a Children's Assessment Placement Instruction Center.

   3. Development of numerous forms, including those needed for establishing accountability in the social work position and those needed in programming CAPIC children.

   4. Performance of those administrative duties essential to the effective functioning of the social work position.

PURPOSE AND FUNCTIONS OF THE CAPIC SOCIAL WORK POSITION

SUMMARY

In addition to the foregoing, it should be noted that the social work duties have included assisting the CAPIC Itinerant Teacher who is following-up on the forty-three Alpha children from the 1967-68 school year. Unfortunately, due to current responsibilities, the time available for this aspect of the CAPIC Program has been less than what had been anticipated and expected.

With the re-direction of the CAPIC Program to a diagnostic and evaluation center, there continues to be additional responsibilities placed upon the social work position. In retrospect, it would appear that many of the functions of the position that have evolved this year could be carried out by a sub-professional such as a social work aide. The caseload of about forty-three children that has accrued in recent months has become unmanageable, beyond simply processing of children. Of note is the fact that a social work position in a clinically oriented setting would be expected to carry about thirty treatment cases while doing two intakes (with minimal follow-up) a week during the hours of 8:00 - 5:00 P. M. In light of the foregoing and assuming that CAPIC continues to function as a diagnostic center for learning disabled children, it would seem important that the status of the social work position in the CAPIC Program be reconsidered.

ROLE OF THE SCHOOL PSYCHOLOGIST IN CAPIC

I The individual study of each child will include:

- A. Evaluations
    1. The initial evaluation as an attempt to assess the nature of the developmental and/or learning disorder.
    2. Continuing evaluation as appropriate while the child is in the CAPIC Program.
    3. A final evaluation preceding the discharge of the individual from the program.
- B. Interpretation of the operative and meaningful factors concerning academic levels and overall functioning of each child to the teacher.
- C. Cooperative study with other personnel of learning techniques which are best suited to each individual.
- D. Consultant to other educational staff members as to the learning, behavior, and adjustment problems of these children and the implications such problems may have for their instruction and curriculum.

II Participation in the screening of children for placement in suitable classes.

III Study of new and more pertinent procedures which could aid in the diagnosis of specific disorders, thereby keeping abreast of the latest research, current practices, and techniques.

IV Experimentation with assessment techniques and instruments for better diagnosis.

V Development of techniques designed specifically for the CAPIC objectives and curriculum materials utilized in the CAPIC classes.

VI Preparation of research data and consultation with research specialists as to the implications of such.

VII Cooperative study with other staff members concerning:

- A. The makeup of specific classes, their design, facilities, curriculum, etc.
- B. Successful approaches and methods which could be implemented in the curriculum and organization of the regular classroom.

CURRENT DISPLACEMENT OF TIME AS SCHOOL PSYCHOLOGIST IN CAPIC:

I The individual study of each child requires a minimum of two days and generally three or more. Attempts are made to evaluate two children weekly. The atypical work week when only one child is evaluated would reflect a need for additional time to plan and prepare for visitors, hold workshops, speak at meetings, et cetera. Outside meetings and shortened work weeks also require adjustments.

A. The initial evaluation:

1. Testing requires one-half day.
2. Scoring and interpretation of tests as well as planning requires one-half day.
3. Staffings at the school with the principal, teacher, and other involved individuals -- one-half to three-quarters of a morning.
4. Parent conferences, usually held in the home -- one-half of afternoon.
5. Report writing is sandwiched in when possible, i.e., at home in evening.

B. Interpretation of the evaluation in a staffing with the CAPIC teacher for those children assigned to the Diagnostic Teaching Classes requires one-half of afternoon.

C. Consultation and study of changes in techniques for children placed in the Diagnostic Classes or those remaining in the classroom requires varying allotments of time.

II Central staff meetings are held weekly or bi-weekly necessitating one-half of a morning.

III Preparation of data relative to children evaluated requires time weekly.

IV Attempts are made to peruse new techniques, literature, and tests in "in-between" moments.

V To date, very little time has remained to allow for observations and the continuing evaluation of children placed in the Diagnostic classes; future planning should somehow include this area.

Another evolvement under the rubric of "Unpredicted Outcomes" would be the emergence of new roles, or needs that can only be met by the development of new central staff personnel. Two such roles have emerged very clearly in this initial year, that of educational diagnostician and that of audio-visual specialist.

Educational Diagnostician

In developing a comprehensive diagnosis of the learning disabilities of children it soon became apparent that the school psychologist did not have all the tools nor the skills to do a thorough job. While the psychologist could make intellectual assessment, some emotional and social evaluation, locate some sensory deviancy, and lack of language development it was not possible for her to also assess motor skills, auditory and visual discrimination, etc. felt invaluable to the diagnosis of these children. Therefore, it was decided that one of CAPIC's more skillful and better trained teachers should be moved on to the central staff to help in this area, and this person would be known as the educational diagnostician.

It is the responsibility of the educational diagnostician to evaluate the referred child's motor skills; perceptual abilities; auditory and visual discrimination abilities; and level of language development. She is to bring her reports to the CAPIC staffings and make recommendations towards planning an educational program for the child. Should the child be recommended for diagnostic teaching placement the educational specialist makes the original teaching prescription and continues to plan ongoing treatment in consultation with the CAPIC Diagnostic teacher.

In the CAPIC Program it is the Educational Diagnostician who has trained the CAPIC teachers and aides, and has continued to supervise them in the classroom.

Audiovisual Specialist

One of the goals of the CAPIC project has been to inspect and experiment with new types of teaching materials and with teaching techniques. In a multi-sensory approach multi-media is used. It seemed pertinent to have someone on the staff trained in the use of audiovisual materials.

In the fall of 1968 such a role was created. It has been this person's responsibility to develop an instructional materials laboratory where not only would materials be collected for dissemination to the CAPIC Program but also where additional materials could be created as the need arose. Her responsibilities include the cataloging of materials for which there has been no established procedure. This is in the process of development.

The instructional materials center acts not only as a resource center to CAPIC personnel but it provides opportunity for educators both within and without the Toledo School system to see materials and discuss their relative merit. This service has been especially applicable to kindergarten teachers, teachers of immature First Grades, and teachers of slow learning children.

SEMI-ANNUAL REPORT OF THE CAPIC RESOURCE CENTER

Objectives:

The Resource Center was created for the purpose of circulating educational materials, creating learning materials to suit the needs of the CAPIC students, and providing a research center of professional publications in the field of learning disabilities.

Physical Plan:

The Center is divided into two sections; each area corresponds to the two categories of activities of the Center - research and learning materials.

In the reception-library section, books and publications, both professional and curricular, are located for reference use by the CAPIC teachers and individuals involved in the field of learning disabilities.

The second section houses the learning materials circulation stacks, as well as facilities to make original materials. In this area the teacher can investigate what is available in learning aids, choose those which will aid her students and check them out. The philosophy behind the Resource Center is to have current and effective materials, either professionally made or made in the Center, for the teacher to choose from for the specific problems demonstrated by her students. By checking out materials, maximal usage of the materials is produced, thus allowing for variety where before numbers restricted this. The availability of many approaches ensures the CAPIC goal of creating a program to suit the needs of the child, rather than forcing the child into a program.

Operation of the Center:

The operation of the Center is five-fold.

1. The first service (not in order of importance) is to keep the program and the Center informed as well as equipped with the most up-to-date materials and equipment. Learning disabilities is such a new and expanding field, research and production are constantly providing new and varied approaches to aid the children in our program.

2. Materials and equipment are useless unless they can be utilized. This is the second service the Resource Center provides--material circulation. Learning materials and audio-visual equipment are available for teachers to preview, check out and use. This procedure is used for the maximal use of the equipment and variety.

3. In connection with the program's aim to reach each child and individualize his program, teachers often find that a learning aid a student needs is not available. In this situation the Center functions in its third service, that of creating and making teaching materials.

4. The Center also acts in the capacity of central supply center for the thirteen classrooms CAPIC maintains. Teachers requisition for supplies, which are filled from the stock of supplies kept at the Center or we order the items for them, thus relieving them of this time-consuming task, allowing them to function in their role of teacher.

5. The fifth service the Resource Center provides is that of training teachers in the use of the equipment and materials at their disposal. Through workshops and informal discussions with the teachers, the Center's staff provides aid in using the equipment and materials so necessary for the multi-disciplinary approach CAPIC uses.

In summary, the Resource Center provides resource personnel and material. The job of teacher is a demanding one, especially in the CAPIC Program. Anything that can be done to aid the teacher perform his or her role successfully and creatively, and abreast of the new advancements in the field, is the Center's concern.

Organization of the Center:

As the Center grows and expands the demands of organization become more important. After investigating the many procedures used in other centers, it became apparent that a successful and satisfactory one had not been developed. It also became apparent that there was a great demand for such a system.

We, therefore, had to create a system which would satisfy our needs, and needs of those who faced the same problems we did and will face with the increasing popularity and importance found in resource centers, much like ours. In conjunction with Royal-McBee, we have devised a system using a sorting method. With this system a teacher can determine what is available in the Center for her needs. The cards are punched according to types of activities (i.e. sorting--left to right training) and material description (i.e. cubical counting blocks). This procedure requires the teacher to define her objectives and provides maximal usage of articles, previously used only in one or two ways.

Summary:

At mid-way in the school year, we can see much progress in the Resource Center. Starting from boxes in a bare room, we now have a workable collection of learning aids representing varied approaches to aid a child to learn and overcome the disabilities which hinder his progress. A resource center, however, is only as successful as its effectiveness. That is our goal, to create a center which is complete, growing, efficient and effective.

III. IMPACT OF TITLE III

The impact of CAPIC is difficult to assess in this embryonic stage. One can only anticipate from the high interest expressed by educators, doctors, social workers, psychologists and parents that it is fulfilling a long felt need. There is a growing recognition of the importance of early learning. It seems appropriate that deviant children be assessed early and appropriate programs planned for them before they experience failure in situations over which they have no control.

IV. COOPERATIVE EFFORTS

CAPIC is described as an interdisciplinary approach to children with learning disabilities. During the planning year there were recommendations from community, medical and educational groups as to how this program should function. It is in continuing cooperation that CAPIC functions. However, the role as a demonstration of this cooperation seems pertinent. That it should cooperate is evident but HOW this is to be implemented is a process in which CAPIC finds itself involved.

In the CAPIC program are built processes which command cooperation. To make a complete evaluation of the child involves parents, family doctors, classroom teachers, building principals, and also social agencies. Because information required is confidential forms have been developed by the social worker. Flow of communication procedures had to be established. This is an ongoing process that evolves as the program evolves.

Central staff personnel has met with organizations outside the school who are concerned with children. From them come requests as to how best to serve the needs of children. Can the school act as a catalyst to coordinate these services? It would seem that it is one of CAPIC's emerging roles to demonstrate if this is indeed the school's role. What health services should be required; such as, more comprehensive physicals, vision and hearing tests? How can the school obtain the help of social agencies for children in need of such services? Who would coordinate these services if there is multi-agency involvement? These seem to be among the most persistent questions. Also on a more individualized basis is the need for exchange of information between school and family doctor, ophthalmologist, optometrist, psychologist and psychiatrist; and between parent and school.

The Steering Committee of the CAPIC Program acts as a disseminating body to cooperating groups. On this committee are representatives from the Academy of Medicine, the University of Toledo, Bowling Green State University, Mary Manse College, and the newly developing Medical College of Ohio at Toledo. Also included on this committee is the director of Pupil Personnel and an elementary supervisor from the Toledo Board of Education. There is need to have a representative also from the social agencies.

V. DISSEMINATION

In this initial operational year CAPIC has been evolving and in the process the image has gradually changed from that of special classes for children with learning problems to an evaluation center with its attendant diagnostic teaching classrooms and instructional materials laboratory. CAPIC was not perceived by its originators as special education classes but as an evaluation center. The former was a necessary process toward the development of the latter. However, images once created are difficult to change and since the image of special education classes was not one which CAPIC wished to promote there was necessarily a lack of dissemination of information concerning the CAPIC Program in its initial half year of operation. Dissemination at that time was primarily limited to the Toledo Board of Education.

Now with the development of the center unsolicited requests for visitation are on the increase. Because of the small size of the classroom and the distractibility of these children only one visitor at a time is scheduled into the classes for observation.

Visitors to the CAPIC Program have been not only educators but optometrists, speech therapists, teachers in other areas of special education, persons outside the system interested in developing similar programs, school psychologists, and commercial persons such as textbook publishers and business machine personnel.

Panel discussions by the central staff have been presented at instructional council meetings, elementary school principal meetings, Northwest Ohio Educational Association meetings, first grade building meetings, and parochial school faculty groups. Outside the field of education, individual staff members have appeared before mental health groups, optometric study groups, and interested parent groups.

To date no brochure has been designed but single page handouts have been printed with a brief description of the program stating that further information is available from the CAPIC Center for anyone with in-depth interest.

VI. PROJECTED FUNDING PROCEDURES

CAPIC is presently partially funded by state foundation funds indicative of the state departments interest in the CAPIC concept and its evolving program. While it is hoped that the state will continue to fund the program the local school board plans to incorporate CAPIC as a standard service among the Pupil Personnel services presently routinely offered.

The program is presently lodged in a school building. The plan is that eventually it will be housed in a larger more comprehensive center where services for all age levels of children are provided.

VII. COSTS

Costs for budget period this narrative report covers.

Total Cost	$329,021.00
Total Non-Federal Support	68,846.00
Total Federal Support Under Title III P.L. 90-247	260,175.00
Total Federal Support other than Title III P.L. 90-247	0

VIII. CHANGES IN PROJECT DIRECTION

As previously stated CAPIC's directions may be interpreted as changing from that of special education classes toward an evaluation center; however, this direction is precisely the direction in which its originators intended and stated in the objectives. From experience and evaluation the growth that has been made indicates that CAPIC may have broader demonstration possibilities than originally conceived.

Needs that are being experienced by CAPIC are not necessarily new. They are inherent in the growth and development of any program. New staff roles have been previously described. Training for staff positions within CAPIC are special and novel. University training in these areas is not available so there needs to be much in-service training to develop appropriate personnel.

As population increases and school rolls go up special persons who offer services to children will be spread thinner and thinner. Eventually it will be only the most deviant children who will be given these services. It becomes pertinent then that the regular classroom teacher become not only aware of the needs of these children but knowledgeable as to how to meet these needs. Thus in-service training is not only necessary to CAPIC staff but also to the regular classroom teacher albeit somewhat less concentrated.

REQUEST FOR FURTHER FUNDING

CAPIC: Children's Assessment, Placement, and Instruction Center

I. Joint Funding Plans

As has been approved in the past CAPIC will continue to be jointly funded by the ESEA Title III funds and state foundation funds. The State of Ohio, Department of Education, Division of Special Education will be asked to approve:

8 class units @ 4,050.00 per unit	$32,400.00
2 child study units @ 4,050.00 per unit	8,100.00
1 supervisor unit @ 4,050.00 per unit	4,050.00
	$44,550.00

The requested funding from ESEA Title III funds is $263,164.00

II. Budget Items

A. Dissemination of Information

1. CAPIC has now established a positive image that it wishes to project. There have been many visitations made to the CAPIC Center at Riverside and many requests for information concerning the development of the program itself. There are several ways in which it is determined that CAPIC shall disseminate information concerning its program.

   a. A general brochure which briefly describes the program listing the goals and program description.

   b. A more specific booklet which describes in more detail how various facets of the program are operated for persons who are interested in establishing similar programs or wish to know more about CAPIC in depth.

   It is estimated that these printing costs will be approximately $500.00.

2. One of the weaknesses of the workshops has been the lack of visuals to both demonstrate the handicaps of these learning disabled children and to show classroom techniques for overcoming the difficulty. Live demonstrations have been attempted but these are artificial and do not necessarily demonstrate the point to be made.

   There is a series of 16mm films done by Mrs. Pauline Alexander in Franklin County that are thought to be suitable. These will be previewed before purchase. If they are found to be unsuitable the purchase price is sufficient to cover the cost of contracting audio-visual services to film the CAPIC Program.

B. Additional Professional Help

1. One of the goals of innovative programs has been staff development into both enrichment or revision in old roles and evolvement of new. The CAPIC team of social worker, psychologist and educational diagnostician has functioned most successfully this year. There has been need however for the discipline of a speech therapist to both diagnose and to provide intensive therapy to the children in full-time CAPIC placement. Therefore it is proposed that a speech therapist be added to the central staff at the CAPIC Center.

2. In an effort to keep communication open the paper work at the Center has become an almost overwhelming task to the two clerical persons now employed. Not only do these women handle all correspondence, type reports for teachers and four central staff members but also handle all accounts, keep employee records, file payroll and function as an information center to all incoming phone calls, parents, cab drivers and other CAPIC personnel. Therefore, salary for an additional clerical person is being requested.

3. The use of para-professionals has been explored in this initial year of operation. It has been found that not only do these women make excellent teacher aides but have assumed other responsibilities that relieve the professional of time consuming tasks so that she may devote more time in her own field. Such a person is the instructional materials center aide trained at the CAPIC Center this year and who will assume full responsibility next year negating the necessity of hiring an expensive professional.

   Other areas would like to be explored such as a social work aide. The social worker is the contact between school and home. Under this broad responsibility have fallen many tasks which have been time consuming but necessary in order to place CAPIC in efficient operation. Now the procedures have been established and it is felt can be effectively handled by less higher trained and less expensive person -- a social work aide. This person would arrange evaluations at the clinic, coordinate staffings, do follow-up work on children requiring additional medical evaluation, arrange transportation for Riverside CAPIC students, pursue delinquent medical reports and see that pertinent information was shared with appropriate social agencies.

C. Contract Services

In the original planning it was proposed that CAPIC plan for a Pupil Personnel Building that would bring together a physical comprehensive center that would provide total services to children as well as act as a demonstration center to medical students, student teachers, and social workers, as well as parents. Planning for such a building is now proposed and $25,000.00 architectural fees are included under Contract Services.

Whenever possible it is desirable to return a child to the regular classroom in his home school. But many of the children in the diagnostic classroom cannot survive without some continuing intensive help. The state has provided tutors for neurologically handicapped children. It has been found however that the teachers employed in this role have little or no background information concerning the etiology of these children and are not aware of the techniques of teaching them. For this reason the trained CAPIC staff would like to offer a training program of four weeks to these future tutors to make them more effective in their roles. A stipend of $75.00 a week will be paid to these teachers who enroll in the training course.

D. Additional Equipment

CAPIC is a well equipped Center because cautious, gradual addition of equipment prevailed. Need had to be felt before purchase was made. With additional secretarial help additional typewriters are needed. In designing brochures and typing masters for booklets the Executive typewriter is requested.

The cassette players have been one of the items most used by the teachers and the central staff. Because of constant demand for use of a cassette player in the Instructional Materials Center the central staff has not had the use of a cassette player. This is especially desired in attending national meetings when information can best be captured on tape and brought back to the CAPIC Center for other professionals to hear. Thus the purchase of an additional Sony cassette player is requested.

To equip the Pupil Personnel Services Regional Center the cost of desks, chairs, typewriters, file cabinets and dictating machine is included in this budget.

PLANNED DEVELOPMENT OF PUPIL PERSONNEL REGIONAL CENTERS

In its Center at Riverside School the CAPIC evaluation team has demonstrated the effectiveness of an interdisciplinary approach to the problems of learning disabled children. This approach has not only enriched the understanding of principal, teacher and parent of a particular child and his learning problem but also acted as in inservice training toward awareness and constructive measures for all learning disabled children.

There was much that had to be learned through experience to keep communication channels open between special CAPIC staff and the school, between parent and the school, and between school and other involved persons such as doctors, ophthalmologists, and social agency personnel. Forms were developed for reports, for release of reports and exchange of information, for coordination of services to a student, for procedural matters, which if not appropriately handled, splinter services and foster costly duplication.

Title III CAPIC has demonstrated to the Toledo Board of Education that services to children can be effectively coordinated by this interdisciplinary approach. It is now time to impose the CAPIC model on the existing Pupil Personnel to demonstrate how this can be absorbed by the school system.

The following plan is therefore proposed:

Pupil Personnel Services Center

A regional center would be established to house the pupil personnel service workers. Director of this center would be an administrator already employed in Pupil Personnel Services and familiar with its practices. Included in this center would be a CAPIC diagnostic team of psychologist, social worker, and teacher specialist; visiting teacher; public health nurse; visiting teacher aide and two clerks.

Location

It is recommended that the initial regional center be established in a geographical location in east Toledo. Within this area are seven elementary schools and one senior high school. These schools would act as feeder schools to this regional center.

Personnel

1. Director

   The role of director would be to coordinate the pupil personnel services in the East Toledo Pupil Personnel Center. His salary would be paid by the Toledo Board of Education.

2. School Psychologist

   This person is already employed by the Toledo Board of Education. Her role would be reassigned so that her responsibilities include evaluation of the students referred to her from the seven elementary feeder schools in east Toledo.

3. Social Worker

   The duties of this person closely resemble the functions of the social worker in the CAPIC Program acting as an agent between home and school, and between social agency and school.

4. Teacher Specialist

   This role would be filled by a capable teacher knowledgeable about curriculum on several grade levels who would work with the classroom teacher to help the learning disabled child to function more adequately in the classroom. It is the teacher specialist who expedites the recommendations of the psychologist in working with the classroom teacher.

5. The Visiting Teacher

   The visiting teacher continues her role as a school attendance officer but with the help of an aide uses her time more effectively and has at close hand the resources of the CAPIC team and public health nurse. Her salary is paid by the Toledo Board of Education.

6. The Public Health Nurse

   As part of a comprehensive program of services to children the resources of the public health nurse are essential. Assignment to the regional center will enhance her effectiveness in communication with the schools and will improve the quality of her services by the resources of other regional center personnel disciplines.

7. Visiting Teacher Aide

   The use of para-professionals has been effective in this operational year of CAPIC and it is felt that such a person not only makes the operation of any center more effective but relieves the professional of much routine office work that does not require professional attention but can and does use up much of her time. The duties of a visiting teacher aide would be similar to those described for the CAPIC social work aide but pertain to duties appropriate to the regional center.

8. Clerk

   As has been learned through the operational year of CAPIC, much paper work is entailed if communication channels are to remain free flowing. There are many letters both for information and for records; reports to be typed; records to be kept and files to be maintained. This center will require full-time employment of two clerks.

Housing

Facilities for such a regional center are not available within the Toledo Schools in the geographical location recommended without extensive remodeling. Rather than request funds for remodeling it is suggested that office quarters be rented in a centrally located building. These offices would be furnished from Title III Funds.

Appendix A

CAPIC Teacher Orientation

The following program was presented for the CAPIC teachers. The meetings with speakers were open to other interested school personnel in Toledo and environs.

First week - "What Is CAPIC?"

Tuesday - CAPIC
Mr. Lee McMurrin, Assistant Superintendent, Toledo
Mr. Robert Carson, Director of Pupil Personnel
Mrs. Barbara McKillen, Staff Psychologist for CAPIC

Wednesday - "THE LEARNING DISABLED CHILD"

Dr. Ralph Gonzalez
Child Psychiatrist, Birmingham, Michigan
Lecturer at Wayne State University

Thursday - CLASS DESCRIPTIONS

Mrs. Carol Blaugh, Educational Specialist, CAPIC
Mrs. Barbara McKillen, Staff Psychologist CAPIC
Bibliographies presented
Readings assigned

Friday - "VIEWPOINT OF CAPIC" from committee members

Dr. Marian Rejent, Pediatrician
Co-Chairman CAPIC Medical Advisory Board

Mr. Geoffrey Bennett, Assistant Vice President
Ohio Citizens Trust Co.
Chairman CAPIC Community Advisory Board

Miss Beverly Domalski, Art Supervisor
CAPIC Educational Advisory Board

Mrs. Richardine Chadwell, Music Supervisor
CAPIC Educational Advisory Board

Second week "WHAT CAN TEACHERS LEARN FROM CHILDREN?"

Monday INDIVIDUALIZED TEACHING

Miss Monica Deubel, Teacher of Neurologically Handicapped Children

Film - "Gateway to the Mind"

Individual Book Reports

Tuesday INNOVATING USES OF VISUAL AIDS

Mr. Richard David, Audio-Visual Department, Toledo Board

PROBLEMS OF THE HARD-OF-HEARING

Mr. William Ford, Supervisor of Physically Impaired Program

VISUAL TRAINING

Miss Dorothy Rymer, Visual Training Specialist, Toledo Hospital

Wednesday INDIVIDUAL PSYCHOLOGICAL TESTING

Demonstration and discussion of the Binet, WISC, ITPA and Frostig Tests

Mrs. Barbara McKillen, Staff Psychologist for CAPIC

DIAGNOSTIC TEACHING

Dr. Elton McNeil, University of Michigan
Professor of Clinical Psychology
Chairman of the Graduate Committee

Thursday THEORIES OF DELACATO, KEPHART AND THE CHICAGO READING CLINIC

Theories

Demonstration with students

Mr. Robert Hockey, University of Toledo
Instructor in Education with Educational Research Department

Friday WORKING WITH TEACHERS AIDES

Demonstration of materials

Miss Monica Deubel, CAPIC Teacher
Mrs. Helena Bratten, CAPIC Teacher
Mrs. Shirley Waddell, Aide in classroom for Neurologically Handicapped

Film - "Play Materials for Elementary School"

Third week	"WHAT ARE THE CHILDREN LIKE?"
Monday	FOUR L's OF LEARNING
	Tape - Dr. G. N. Getman
	OBSERVING THE CHILDREN
	Mrs. Barbara McKillen, CAPIC Staff Psychologist
	Individual Book Reviews
Tuesday	DIAGNOSTIC TEACHING
	Dr. Elton McNeil, University of Michigan
Wednesday	CLASSROOM MANAGEMENT
	Dr. Elton McNeil, University of Michigan
Thursday	AUDIO VISUAL AIDS
	Mr. Richard David, Audio-Visual Department, Toledo
	Construction of Materials
	Miss Monica Deubel, CAPIC Teacher
	Individual Book Reviews
Friday	Field trip to Kalamazoo Dr. H. B. Sofen, Optometrist
	Visit to Visual Training Clinic
Fourth week Monday	INTRODUCTION TO MONTESSORI
	Dr. Lena Gitter, Lecturer, Montessori Society of America formerly teacher in Special Education, Greendale Elementary School, Prince George's County, Maryland
	History and Philosophy of the Montessori Method as applied to the Special Child
	The Self-Correcting Montessori Sensorial Materials

Tuesday	MONTESSORI (con't)
	Movement in the Service of Learning Language as the Human Connection
Wednesday	Individual Field Experience
Thursday	Classroom Preparation
Friday	Classroom Preparation

FIRST COMMENT

Teacher: ______________________ Date: ______________________

As a teacher, what do you consider to be the five most important things you should attend to in the education of a child? (List in order of importance--#1 being the most important.)

SECOND COMMENT

Teacher:______________________________ Date: ____________________________

You have now spent four weeks discussing learning problems and individual differences. Have you changed your thinking about the most important things you should attend to in the education of a child? Whether you have or have not, explain why you have or have not. Refer to your First Comment Sheet.

What additional factors will you consider? Explain.

Appendix B

Chart II.

Name of School__________________________ Principal____________________________

Number of 1st graders enrolled__________ Number of 2nd graders enrolled________

Number of Probable 1st grade retentions_____________ Number of probable 2nd grade retentions _________

Study limited to first and second graders now failing (in the sense that retention seems highly probable at this time)

Child	Name	Grade	Age	Psychological Test		Retention	
				Referred	Completed	Has Repeated	Is Failing
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Appendix B

Chart III

Name of School______________________________

Using Number code for each child listed on Chart II, check descriptive terms applicable to him in proper column.

	Child 1	2	3	4	5	6	7	8	9	10
1. Inadequate motor performance (Clumsy, awkward different from other children in terms of performance)										
2. Uneven mental ability structure (Puzzling inconsistencies in behavior and achievement)										
3. Deficits in sensory acuity (Taste, smell, feel, sight, hearing inadequacies)										
4. Inadequate perceptual skills (Unaware of differences, poor reproduction of forms)										
5. Lack of interest in learning										
6. Emotional disturbance (Tantrums, day-dreams, thumbsucking, etc.										
7. Inability to concentrate (Very limited attention span)										
8. Has motive for not learning (Competing motives, attention, etc.										
9. Lacks realistic concept of self as learner.										
10. Undeveloped style of learning (Confused, disorganized, easily bewildered)										
11. Communicates verbally inadequately										
12. Generalized poor academic performance (Fails in all areas of performance)										
13. Poor performance in specific areas (Only reading, math, writing, etc.)										
14. Developmental lag (Far behind in normal developmental processes - walking, talking etc.)										

Appendix C

Jones, Suzie
Social History CAPIC

I. FAMILY DATA

A. Child
B. Parents
C. Parent relationships and emotional climate of home
D. Economic conditions

II. DEVELOPMENTAL AND HEALTH HISTORY

A. Birth to school entrance
B. School life and attitudes
C. Medical

III. SIBLINGS AND PEER RELATIONSHIPS

IV. MISCELLANEOUS FAMILY CONCERNS

V. LEISURE ACTIVITIES AND COMMUNITY INTERACTION

VI. SUMMARY

J. Tewell, M. S. W.
Social Worker, CAPIC

Date____________________

Dear __________________________

This letter is being written in regard to the CAPIC (Child Assessment Placement Instruction Center) Program which may have been previously discussed with you by the principal of your school for ________________________. We feel that _______________ may be a candidate for this program. If the CAPIC Program has not been discussed with you, we will talk about it at the time of our appointment.

Since we are unable to reach you by telephone, we are assigning you the date of ______________________ at _____ a.m. or ___ p.m. If unable to keep the appointment we are requesting that you contact the Toledo Board of Education, telephone number 729-1681, Ext. 225, between the hours of 8:30 a.m. and 4:00 p.m. Monday - Friday.

You should be prepared to remain about two hours to obtain a social history. Will you please plan accordingly.

We are asking that you fill out the enclosed form and bring it to our scheduled conference.

Sincerely yours,

Mrs. Barbara McKillen
School Psychologist, CAPIC

Miss Janet Tewell, MSW
Social Worker, CAPIC

JT/ps
encl./

CAPIC Introduction Sheet

I. Identification

A. Child

Name:______________________ Address:______________________________

Age:________ Birthdate: ______________ Adopted - Yes ____ No _____

School attending: ____

B. Parents (or guardians):

	Father	Mother
1) Name		
2) Address		
3) Birthdate		
4) Time lived in Toledo		
5) Last grade completed		
6) Place of employment		
7) Years employed there		
*8) Approximate yearly income		
9) Church affiliation		
*10) Approximate attendance per month		
11) Number of children in family		
12) Total number of people in home		
13) Number of children married and/or out of the home		
14) Marital status - (married, divorced, separated, deceased, etc.)		
15) Date married		
16) Previous marriages - yes - no)		

*optional

II. Child's developmental history - Check ( ) or one word unless otherwise instructed)

A. Prenatal information:

1) planned pregnancy: yes ____ no ____

2) health of mother during pregnancy: good ____ fair ____ poor ____

3) medication during pregnancy: none ____ little ____ large quantity ____

Comment ____________________

4) length of labor: days __________ hours __________.

5) type of labor: normal __________ induced __________.

B. Perinatal information:

1) condition of baby at birth: good ____ fair ____ poor ____.

2) term of pregnancy: full ____ early (2 to 4 wks.) ______.

premature ____________________

3) birth weight: ____________________

4) Any abnormalities? yes ____ no ____. If yes, have these been corrected? yes ____ no ____

Can they be corrected? yes ____ no ____. Is there any plan to correct them?: yes ____ no ____ When? ____________________

5) feeding: bottle ____ breast ____.

Was baby a good or poor eater?: ____________________

C. Post natal information:

1) age weaned: ______________ easy or difficult: ______________

2) toilet training - age: bladder ____________ bowel ____________.

3) Was training easy or difficult?: ____________________.

4) Has child a history of constipation?: yes ____ no ____.

5) motor development - age: walking ______ sitting ____________.

talking ____________. Did baby crawl?: yes ____ no ____.

6) temperament: happy ________ sad ______ quiet ______

crying: seldom _______ frequently _________

Other comment ____

____

D. Early Childhood:

1) behavior: good _____ fair _____ poor _____

easy to control: yes _____ no _____

2) types of misbehavior: (kicking, biting, etc.).

____

3) method of discipline used: ____________________________________

____

4) Who was most often responsible for discipline?: father _______

mother _____ both _____ other _____. If others, who?: ____________

5) Age at which child could visit or be left in care of person other than immediate family - i.e., mother, father, older brother or sister:

____

6) Did child attend nursery or other type preschool program: yes ______

no _____. age of starting other program: ______________________

How did child react? (enjoyed, eager, disliked, etc.). ____________

7) At what ages did child show interest or curiosity in the following:

God ____ death _____ birth of babies _____ opposite sex anatomy (body) _____ own anatomy (body) _____.

E. School entrance: How has the child expressed feelings about?

1) interest in starting school:

enthusiastic ____ reluctant _____.

2) comments about school life and work: favorable _____

unfavorable _____.

3) behavior and attitude when school is in session as compare with vacation periods: better ____ same ____ worse ____ Comment ____________

____

4) Is child a good eater?: yes ____ no ____

5) Does he have any habits which you would consider as being of nervous nature?: (bed wetting, nail biting, hair pulling or twisting etc.)

____

F. Responsibilities (please list).

1) self care: (bathing, bedmaking, etc.) ______________________

____

2) helping in home: (dusting, dishes, lawn, etc.). ______________

____

G. Medical history:

1) List types of illnesses and injuries child has had, including age at which it happened and seriousness.

a) illness or injury age how serious

. ____

. ____

. ____

. ____

. ____

2) name and address of child's and/or family's physician: ________

____

3) Has child been seen by a physician recently?: yes _____ no _____

when ______________ for what: _________________________

____ _____

H. Parents questions: answer briefly.

1) What problem concerns you most about your child?

2) Do you feel this problem to be related to his school learning difficulties?

3) Were you aware of any problems before he started school?

4) What has been said to the child about his school learning difficulties?

5) How does the child feel about his school learning difficulties?

Date completed ______________________________

Appendix D -

TOLEDO PUBLIC SCHOOLS
Toledo, Ohio

CAPIC WORKSHOP EVALUATION

Please state the grade level at which you teach.

1. Did you find the workshop as a whole helpful?

2. Which activity or session was the most helpful?

   In what way?

3. How would you change or modify any particular session?

4. How have you been able to implement any of the suggestions in your classroom?

5. Would you like printed materials regarding topics discussed? If so, which ones?

6. If you were helping to design a workshop of this nature:

   How many sessions would you plan?

   What topics would you like to see covered?

   What type of sessions would you prefer?

   a) lecture
   b) panel
   c) demonstration
   d) participation

7. Would you consider a well-planned Saturday morning workshop concerning learning disabilities worthwhile?

8. Would you like help in developing an instructional materials center in your school based on the kit or lending library idea?

ADDITIONAL COMMENTS:

Appendix E

Fall, 1968

SCHEDULES

September	3	Tuesday	What Is Clinical Teaching?
			Definition
			Historical Background
			Causes
September	4	Wednesday	Motor Development and Motor Disorders
September	5	Thursday	Perceptual Development and Perceptual Disorders
			Concept Formation and Concept Disorders
September	6	Friday	Language Development - Miss Sandra Ratliff

September	9	Monday	Language Disorders
September	10	Tuesday	Characteristics of Behavior - Janet Tewell
September	11	Wednesday	Operant procedures in Behavior Modification, Dr. Bertram H. Rothchild, Ph. D.
September	12	Thursday	Testing--Test administration - Jean Geis
September	13	Friday	Structure

September	16	Monday	Motor Training Techniques

September 17 & 18 Tuesday & Wednesday--Perceptual Motor Training Materials

September 19 & 20 Thursday & Friday--Language Activities

September 23 - 27 Final Preparation of Classrooms for Operation

Appendix F

CAPIC INTAKE, PLACEMENT, AND TERMINATION PROCEDURES
FOR
FIRST GRADE CHILDREN

I. Intake

A. Referrals for First Grade children will be accepted by the following procedure:

1. Elementary building principals are the only ones who can make referrals. This is not to suggest that teachers, parents and doctors may not request evaluation but it must be channeled through the building principal.

2. Referrals for the CAPIC evaluation can only be made with parent consent or awareness. If parental consent is not obtained the principal may call upon the CAPIC social worker as a liaison to explore with the parents the advantages and disadvantages of following through with the proposed evaluation. Since CAPIC is an interdisciplinary approach to the study of children we feel that parent cooperation is essential to our effectiveness.

3. The referral form used by Psychological Services is to be used. The form is to be submitted to the Psychological Services Department through Mrs. Justen clearly marked CAPIC. That office will forward the referrals to us. Please follow this procedure as this is the only way that accurate records of referrals can be kept.

B. Evaluation--As soon as possible these referred students will be seen for evaluation. The planned procedure is this:

1. The parents will be contacted by the CAPIC social worker by telephone or a home visit to further discuss the program.

2. At least one week in advance, a date for the evaluation will be arranged by the social worker with the parents.

3. The school will be notified as to the date the child will be evaluated. The evaluation day should be considered as a day of attendance. Concurrently arrangements will be made for a discussion of the findings:

   a. With the home school administrator(s) and the classroom teacher, if possible, at the Center or at the home school.

   b. With the parents immediately following this staffing.

4. The student will be brought into the Center and while the student is being tested by the psychologist and the educational diagnostician, the parents will be interviewed by the social worker.

5. When the evaluation is completed, the findings will be discussed with personnel of the home school and the parents.

6. The following procedures will take place as applicable:

   a. It may be found that more medical information is necessary and the parents will be requested to take the CAPIC Physical Form to their family physician for the physical examination of the child.

   b. The child may be identified as a slow learner, neurologically handicapped or emotionally disturbed. He will be referred to those already established classes for placement.

   c. If the child is clearly in need of help outside the classroom teacher's scope or time to help him and if signed parental consent is obtained then he will be placed temporarily (up to but no longer than six months) in a CAPIC Diagnostic Teaching Classroom at Riverside School.

II. Placement

A. The CAPIC classes are clinically oriented for children with learning disabilities.

B. Transportation to and from Riverside School will be arranged by the CAPIC director.

C. During placement bi-weekly progress reports will be made to the classroom teacher and possibly the parents in addition to other personal contacts and conferences.

III. Termination--The process for the return of the child to the regular classroom will be as follows:

A. Possible gradual return to a regular classroom if this can be arranged.

B. Termination conferences with school personnel and parents.

C. A summary report describing specific recommendations to be used by the regular classroom teacher.

D. Follow-up by the itinerant teacher wherever possible.

Appendix G

TEACHER IDENTIFICATION OF IMMATURE PRIMARY CHILDREN

Immature, as used in the context of this title refers to students who are immature in the sense that they have not matured either physically, socially, emotionally or intellectually to cope with the demanding tasks of the First Grade curriculum.

Benjamin Bloom, (STABILITY AND CHANGE IN HUMAN CHARACTERISTICS., John Wiley and Sons, 1964) from recent studies of children under eight years of age, suggests that failure to develop appropriate achievement and learning in these years is likely to lead to continued failure or near failure throughout the remainder of the individual's school career. Authorities agree that there is no one predictive index that will identify kindergarten children who will encounter learning problems of such severity that failure will be probable in the primary grades. This point remains troublesome, although it is agreed that teacher judgment is reliable in many instances (Cohen, de Hirsch, Hellmuth).

In the initial operation year of CAPIC a selected group of First and Second Grade children who had failed were placed in special classes in the hope that with extra help they would overcome their deficits and return to the classrooms as adequately functioning individuals. Each student was individually tested in depth. In the process of making these evaluations it was noted that the respective child's kindergarten teacher had observed the difficulty and had concern as to this student's ability to cope with First Grade tasks.

Because of difficulty in undoing the stigma of failure and developing positive attitudes of themselves as students it was felt that techniques for early identification must be established. Jean McCarthy has stated that the year of kindergarten is a year of observation and most experienced kindergarten teachers are sufficiently versed in child development and First Grade preparedness tasks to identify children who would become future failures.

So based upon the observation that most CAPIC referrals had been recognized by the kindergarten teachers the following request went out to kindergarten teachers in the spring of 1968 from their supervisor, Mrs. Conant.

> This is the time of year when you may have a question regarding a few of your children. You know that a second year of kindergarten is not the answer so the child is placed in First Grade, but with a reservation in your mind as to success in this grade.
>
> It is these children we would like to have you identify for us. There is a possibility that extra help can be given to them in First Grade next year to meet their individual needs. Be as objective as possible. Ask your principal for help if necessary.

From this request Mrs. Conant received the names of 493 students, 184 girls and 309 boys. As one could anticipate there were large clusters of children from inner city schools who come to the kindergarten with limited experiential background and minimal language development.

TEACHER IDENTIFICATION OF IMMATURE PRIMARY CHILDREN

In the second year of operation CAPIC in attempting to ascertain correlation between kindergarten identification and First Grade performance sent the following request in the spring of 1969 to all First Grade teachers.

> To ascertain whether the proportion of students not ready for First Grade experience coincides with the percentage we are quoting, I would like to request your cooperation in the following manner.
>
> Will you list below the names of students in your room who have not mastered First Grade skills because of what you feel was a base unreadiness to do so.

In response to this request a total of 468 names, 164 girls, 304 boys, was received at the CAPIC Center. Of these figures 118 students, 29 girls, 89 boys or 24 percent were those children who had been identified by their kindergarten teachers.

It is recognized that this is the crudest kind of study, that there were kindergarten children who were not in Toledo's First Grades this year by retention in kindergarten, attendance in a parochial First Grade or out-of-city schools or who benefited by placement in Special Education classes. By the same token there are some identified First Grade children who either had no kindergarten experience or had it in out of city schools. Unfortunately there was not time to card the 725 names to see if students identified in one building were identified in another through movement from one school district to another. However it is felt that these latter numbers are minimal.

What seems apparent from this survey is that what kindergarten teachers identify as unreadiness for First Grade is not in fact what First Grade teachers identify as unreadiness. There is also a maturation not apparent in the five year old that blooms in the six year old rapidly enough to have the child successfully complete the First Grade tasks assigned.

TEACHER IDENTIFICATION OF IMMATURE PRIMARY STUDENTS

ELEMENTARY EDUCATIONAL SERVICE REGIONS	KINDERGARTEN			DUAL IDENTIFICATION			FIRST GRADE		
Region #1 - Central Schools	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
FULTON	14	20	34	2	5*	7	9	8	17**
GLENWOOD	11	9	20	2	2	4	13	15	28**
GUNCKEL	8	12	20	1	3	4	11	14	25
LAGRANGE	6	7	13	1	2	3	4	4	8
LINCOLN	10	11	21	2	7	9	13	23	36**
PICKETT	5	8	13						
MARTIN LUTHER KING	4	14	18	1*	4*	5	9	10	19
SHERMAN	4	10	14	1	0	1	1	0	1**
STEWART	1	2	3						
WARREN	2	2	4	0	1	1	9	18	27
WASHINGTON	8	8	16	0	1	1	2	4	6
TOTALS	73	103	176	10	25	35	71	96	167
Region #2 - North Schools									
Chase	6	4	10	2*	2*	4	2	3	5
Cherry	4	5	9	0	3*	3	2	6	8**
Edgewater	1	3	4	0	3	3	2	5	7
HAMILTON	6	11	17	2*	6	8	2	13	15
Kleis	0	0	0						
Ottawa River	0	1	1						
RIVERSIDE	3	5	8	2*	4*	6	2	4	6
SPRING	2	2	4	0	1	1	9	5	14
STICKNEY	2	3	5	0	1	1	1	6	7
TOTAL	24	34	58	6	20	26	20	42	62

Capital letters indicate ESEA Title I Schools

* Full time placement/evaluation by CAPIC included
**CAPIC Itinerant Programs

TEACHER IDENTIFICATION OF IMMATURE PRIMARY STUDENTS

ELEMENTARY EDUCATIONAL SERVICE REGIONS	KINDERGARTEN			DUAL IDENTIFICATION			FIRST GRADE		
Region #3 - East Schools	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
BIRMINGHAM	3	5	8	0	1*	1	2	1	3
EAST SIDE CENTRAL	4	6	10	1	1	2	5	6	11
FRANKLIN	1	2	3	0	1*	1	0	7	7
GARFIELD	5	5	10	0	2	2	4	4	8
NAVARRE	2	4	6	1	0	1	1	1	2
OAKDALE	4	13	17	0	6	6	2	18	20
RAYMER	5	8	13						
TOTALS	24	43	67	2	11	13	14	37	51
Region #4 - South Schools									
Arlington	0	4	4	0	1*	1			
Beverly	0	0	0	0	0	0	0	3	3
Burroughs	1	5	6	0	3	3	1	6	7
Harvard	3	5	8	1	4	5	2	8	10
MARSHALL	4	6	10	1	0	1	8	5	13
NEWBURY	4	7	11	0	2	2	5	8	13
WALBRIDGE	1	2	3	0	1	1	9	10	19
WESTFIELD	15	17	32	3	3*	6	5	13	18**
TOTALS	28	46	74	5	14	19	30	53	83
Irwin	4	3	7						

CAPITAL LETTERS denotes ESEA Title I Schools

*Full time placement/evaluation by CAPIC included

**CAPIC Itinerant Program

TEACHER IDENTIFICATION OF IMMATURE PRIMARY STUDENTS

ELEMENTARY EDUCATIONAL SERVICE REGIONS	KINDERGARTEN			DUAL IDENTIFICATION			FIRST GRADE		
Region #5 West Schools	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
Bancroft Hills	0	2	2	0	1*	1	1	2	3
DeVeaux	2	10	12	0	5	5	1	15	16
Elmhurst	1	4	5	0	1	1	3	1	4
NATHAN HALE	1	5	6	0	1	1	4	8	12
Larchmont	1	1	2	0	1	1	0	1	1
Longfellow	6	9	15	2*	3	5	4	13	17**
McKinley	4	5	9	1	0	1	4	10	14
Mayfair	2	3	5	0	0	0	2	1	3
Patterson	0	4	4						
Whittier	1	7	8	0	1	1	1	5	6
TOTALS	18	50	68	3	13	16	20	56	76
Region #6 Southwest Schools									
Crossgates	0	5	5	0	4	4	2	6	8
Fall-Meyer	3	1	4						
Glann	3	1	4	1	0	1	1	4	5
Glendale									
Hawkins	1	6	7	0	0	0	0	0	0
Heatherdowns	0	1	1						
Keyser	2	6	8	1*	1*	2	1	3	4
Martin									
Mt. Vernon	2	3	5	0	0	0	0	1	1
Old Orchard							2	0	2
Reynolds	1	3	4	0	0	0	1	0	1
Ryder	1	4	5	1	1	2	2	6	8
TOTALS	13	30	43	3	6	9	9	20	29

CAPITAL LETTERS denotes ESEA Title I Schools
*Full time placement/evaluation by CAPIC included
**CAPIC Itinerant Program

CAPIC REPORT

ITINERANT PROGRAM

The CAPIC Program at Sherman and Fulton Schools started October 7, 1968, and is still in progress. The children, known as the Experimental Group, come to the CAPIC room from their regular classroom. They come in groups of four and remain for forty-five minutes daily. Twelve first graders are seen regularly at each school.

Learning experiences in the areas of language development, perceptual training tasks, and motor training have been stressed. Many types of aids have been used. The emphasis has been on the concrete. We move from concrete to semi-abstract to abstract whenever possible. Learning is structured. Thus it may take several days to cover one concept. Then this is re-enforced. An attempt also has been made to keep the children up to classroom learning without duplicating the regular classroom work.

Oral language has been stressed. The children all verbalize freely in our small groups, but work needs to be continued in the areas of syntax and clarity of expression. The tape recorder has been a very helpful and important teaching aid.

Chalkboard training is done at least once a week, and some type of motor activity is done daily. In the beginning much work was done on form, shape, space, and direction. Each child has a cloth mask of his own, and these are used in many ways to develop auditory discrimination and the ability to listen. New and developmental aids were used (see list) plus old stand-bys. The equipment and materials are evaluated and good or poor results are reported.

Much individual help and attention are given, but most teaching is done from a group approach. Each child is praised for a job well done and sometimes rewarded with stars, seals, candy, et cetera.

Much work has been done to develop laterality, directionality, good body image, balance, eye-hand coordination, eye-foot coordination, and basic motor skills. A good source book is "Daily Sensorimotor Training Activities." The most important source materials were the textbooks and reference books provided by the CAPIC staff.

CAPIC REPORT

Activities and materials include:

- Sorting, matching, classification
- Peabody Kit
- Dominoes-coded
- Parquetry designs
- Peg boards and peg designs
- Color blocks and block designs
- Buzzer board
- Sequence pictures
- Simple puzzles
- Bead patterns and stringing
- Frostig Series
- Film Strips
- Stencils
- Flannel Board-stories, numerals, letters, beginning sounds, matching, body parts, objects
- Flash cards
- Clay and clay trays
- Lotto games
- Transparencies
- Lacing boards
- Dolch cards
- Mirror
- Finger puppets
- Finger and eye exercises
- Marsden Ball
- Angels in Snow
- Drum-metronome
- Obstacle Course
- Balance Beam
- Rhythm activities
- Songs and games
- Stepping stones
- Ropes
- Scooters
- Bean Bags
- Hoops
- Balls-all types and sizes
- Basic motor skills

ITINERANT PROGRAM

One of the itinerant teachers in the CAPIC Program travels between two schools, namely, Glenwood and Lincoln Elementary Schools. She is at Glenwood School in the morning and at Lincoln School in the afternoon. She has three forty-five minute classes at each school, working with four children each period. She works mostly in the areas of motor training, perceptual and language development.

Motor Training

Inasmuch as the space is limited, she did not participate in a great deal of motor training. The following are a few of the activities she pursues most:

1. Body parts
2. Angels in The Snow
3. Basic Rhythms
4. Balance Beam
5. Chalkboard training

Perception and Language Development

In perception and language development the following are the skills she has attempted to teach, to-wit:

1. Number Concepts

    a. Comparison of sets with respect to number
    b. One-to-one correspondence
    c. Equivalent and non-equivalent sets
    d. Cardinal numbers
    e. Recognition of numerals 0-9
    f. The empty set
    g. Order of the numbers 0-9
    h. Concept of "one more"
    i. Counting of numerals 0-9
    j. Addition and subtraction operations 0-9

2. Orientation and Kinesthetic-Visual Development

    a. Matching objects
    b. Drawing lines under, over, on; making an "X" mark
    c. Understanding directional terms such as "mark," "find," "draw" and "color."
    d. Using a marker
    e. Recognizing a row
    f. Following from left to right
    g. Holding a book
    h. Turning a page
    i. Finding the page number
    j. Locating the title
    k. Going from top to bottom

3. Auditory Discrimination and Speech Training
    - a. Rhymes
    - b. Gross sounds
    - c. Initial consonants
    - d. Ending sounds

4. Visual Discrimination
    - a. Color
    - b. Size
    - c. Pictures
    - d. Geometric shapes
    - e. Finding the missing parts
    - f. Letter Symbols
    - g. Word Symbols

5. Language Growth and Comprehension
    - a. Picture interpretation
    - b. Picture sequencing
    - c. Story telling
    - d. Emphasizing fluent oral language with a meaningful vocabulary.

6. Cognitive Skills
    - a. Grouping and catagorizing
    - b. Concept order
    - c. Contrast and opposites
    - d. Relative space and size relations
    - e. Inferences
    - f. Sequencing

The teacher has tried to evaluate individual progress in terms of specific language skills. She attempted to have the students understand the correlation of the language arts, by explaining that:

1. as babies they learned to listen and tried to imitate the sounds they heard

2. thereby learning to talk

3. they had to think about what they wanted to say in order to make sense

4. what they say can be written (or dictated)

5. and what has been written can be read.

MATERIALS USED

1. Here We Go - Rowe-Peterson
2. Games to Play - Ginn & Co.
3. Fun with Tom and Betty - Ginn & Co.
4. Flannel-board cut-outs - Nursery Rhymes
5. Flannel-board cut-outs - Fairy Tales
6. Ring O'Roses Nursery Rhymes - Frederick Warne - London
7. Book of Nursery & Mother Goose Rhymes - Doubleday
8. Rhymes - Instructo
9. The Indoor Noisy Book - Wm. R. Scott, Inc.
10. Muffin In the City - Recording - Young People's Records
11. Sounds We Hear - Recording - Scott Foresman
12. A First Book of Sounds - Golden Book Press Co.
13. Noises & Mr. Flibbery-Jib - Golden Book Press Co.
14. Consonant Picture Cards - Ideal School Supply Co.
15. Picture & Key Cards - Houghton-Mifflin Co.
16. Seatwork for Beginners - Hayes School Publishing Co.
17. Learning the Alphabet and Its Sounds with Amos and His Friends - Tape and Flash Cards - Imperial Production, Inc.
18. My Body and Face - Instructo
19. Developing Cognitive Skills in Young Learners - Filmstrips - Classroom Materials Co.
20. Opposties - Instructo
21. Sequence Puzzles - Instructo
22. See-Quees Puzzles - Judy
23. Spatial Relation Cards
24. Geometric Fit-A-Shape
25. Geometric Dominoes
26. Domestic Animals & Pets - Milton Bradley
27. Visiting the Farm - Instructo
28. Farm Lotto - Ed-U-Cards
29. Let's Count - World Book Co.
30. Elementary School Mathmetics - Addison-Wesley Publishing Company
31. Science "A Process Approach" - Xerox

A COMPARISON OF EXPERIMENTAL AND CONTROL GROUPS PARTICIPATING IN THE CAPIC ITINERANT PROGRAM[1]

Introduction

This report contains empirical results of the California Test of Mental Maturity administered at pre- and postest times during the 1968-69 academic year. The pretest date was September 24, 1968 and the postest date, April 23, 1969. There were four schools involved and each school had an experimental and control group. However, since a single teacher could service two schools, there were only two teachers involved. The schools arbitrarily have been assigned the following letter designations for this report: School A - Lincoln, School B - Glenwood, School C - Sherman, and School D - Fulton. A single teacher designated Teacher X serviced Schools A and B, and another teacher, designated Teacher Y, Schools C and D. Therefore, the basic structure of the program relative to the groups, teachers, and schools can be diagrammed as:

		Group	
		Exp.	Control
Teacher X	School A		
	School B		
Teacher Y	School C		
	School D		

---

[1] The analysis underlying this report and the statistical description were prepared by the Center for Educational Research and Service, University of Toledo.

There were three pretest scores and correspondingly three postest scores for each student having complete data. These scores were: Language, Non-language, and Total, all secured from the California Test of Mental Maturity.

Comparisons Between Experimental and Control Groups

The symmetry of the structure of the program in terms of schools and teachers provided for several comparisons between experimental and control groups. It was decided that only students having complete data, that is, three pretest and three postest scores would be included in the comparisons that might reflect an effect of the experimental program. Obviously, any student not having postest data could not reflect the effect of the program. Having only postest data made it impossible to determine whether or not his inclusion would bias the results, since there is the possibility that his pretest scores would have been atypical.

The distributions of students by group, school and teacher appear in Table 1. This gives a total of 68 students with complete data in the

Table 1

Distributions of Students by Group, School, and Teacher

	Teacher				
	X		Y		
	School				
	A	B	C	D	Totals
Exp.	11	8	7	11	37
Control	4	11	10	6	31
Totals	15	19	17	17	

study, 34 taught by Teacher X and 34 by Teacher Y. The performance scores of 68 students are the ones on which the comparisons were computed.

The statistical technique used for comparing the experimental and control group means was the student's t-test for the difference between two means. There are certain assumptions that underly the use of this technique. With small sample size, such as was the case in this study, we are assuming that the populations represented by these groups are normally distributed. Since one of the purposes of the study is some type of generalizability to future groups and inferential statistics were used, it is assumed that the groups represent random samples of some larger population. It is also assumed that populations are homogeneous in variance, an assumption supported by the sample results of the analysis.[2] Basically, in doing a comparison between any two groups, we are asking the question, "What is the probability that the observed difference between the means could have occured due to random fluctuation?" If this probability drops below .05 (our significance level, selected for this analysis) we conclude that the difference is not due to random fluctuation but, due to differing effects of, in this case, the experimental and control treatments. If this occurs, we say we have a "statistically significant" difference. In the case of no statistically significant difference we conclude that the observed difference is due to random fluctuation rather than differing effects of the treatments.

The following comparisons were made for each of the three pretest and three postest scores:

1. within each school, experimental vs. control
2. for each teacher independently, experimental vs. control
3. over all schools, experimental vs. control.

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[2] Sample variances were computed for the groups and there were no results that would reject the null hypothesis of homogeneous variance in the populations.

Since we were not particularly interested in comparing teachers, the comparisons for teachers were made independently.

The analyses of the pretest scores indicated no significant differences either within schools, for teachers, or across all schools. The means on the pretest measures are presented in Table 2. Although there were some "large" differences between the means, the variance of

Table 2

Means on Pretests by Group, School, and Teacher

		Pretest		
		Language	Non-Lang	Total
School A	E	65.2	80.7	73.1
	C	45.3	61.7	53.5
School B	E	70.3	80.7	75.0
	C	72.2	84.6	78.3
Teacher X	E	67.3	80.7	73.9
	C	64.7	78.7	71.7
School C	E	65.4	78.1	71.1
	C	60.7	65.3	60.5
School D	E	70.4	70.9	72.0
	C	70.3	77.2	73.3
Teacher Y	E	68.3	73.7	71.6
	C	64.3	69.8	65.3
Over All Schools	E	67.8	77.3	72.8
	C	64.5	74.2	68.5

of scores within groups was also relatively, very large. A simple inspection of the scores will reveal this fact. For example, on the non-language score for the control group of School A, the extreme scores were 40 and 105 giving a range of 66.

The corresponding analyses of the postest scores, resulted in only two statistically significant differences, both in School A. In both instances the experimental group attained the higher mean. The postest means appear in Table 3. The general phenomenon of considerable within

Table 3

Means on Postests by Group, School, and Teacher

		Postest		
		Language	Non-Lang	Total
School A*	E	78.8	85.6	82.1
	C	58.3	54.7	51.5
School B	E	70.3	86.0	78.3
	C	77.9	82.1	79.3
Teacher X	E	75.2	85.8	80.5
	C	76.0	74.8	71.9
School C	E	76.4	85.4	80.4
	C	71.5	76.2	72.8
School D	E	74.3	76.6	74.2
	C	68.7	82.2	75.2
Teacher Y	E	75.1	80.0	76.6
	C	70.4	78.4	73.7
Over All Schools	E	75.2	83.0	78.6
	C	73.1	76.7	72.8

*Difference between means for E and C groups on non-language and total statistically significant at .05 level.

group variance that was found in the pretest scores, was also present in the postest scores.

There were 25 students,[3] across all schools, having pretest scores but no postest scores. Twelve of these were in the experimental group and 13 in the control group. The differences between the means on the three pretest measures were tested with a student's t-test. None of the differences were statistically significant. One control group, that at School A, had a large proportion of its students without postest data. In the three other schools the experimental groups had the largest numbers of students without postest data. The mean scores for the groups on the three pretest measures were:

	Language	Non-Language	Total
E	58.1	68.8	62.0
C	58.8	66.2	60.8

An inspection of the corresponding over-all school means (Table 2) reveals that these 25 students did have consistently lower means. However, in the light of the heterogeneity of scores it is unlikely that this difference would be significant. The comparison of the E and C group means above, indicates that the groups were very close.

As a routine procedure, the differences between the mean ages of the groups, were statistically tested in all the comparisons. None of these differences were significant.

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[3] One or two students had unusable pretest scores and hence were excluded from any comparison.

Comments and Conclusions

The results of this analysis of empirical data indicated very few differences between experimental and control groups. The numbers of students involved were very small. Therefore, generally the statistical test has relatively, not a great deal of "power". Power is the likelihood of rejecting a false hypothesis, in this case the hypothesis of no difference between the group means. So that limitation should be kept in mind.

There were no significant differences in pretest scores, giving some evidence of group equivalence prior to initiating the experimental program. Although, none of the differences were significant, the experimental group over all schools did attain the higher means on all three postest measures. However, the same pattern was true for the pretest measures over all schools and in about the same magnitude. Therefore, a very tenable hypothesis for this pattern is that it is due to initial difference rather than a differing effect of the experimental treatment. In the two postest score means where differences were statistically significant, the pattern was exactly that as in the pretest score means.

The point might also be raised as to how adequately these groups represent random samples from real populations. Even if students had been randomly assigned to the groups within a school, it is practically impossible to get a random assignment across schools. Lack of randomness must, of course, be considered when generalizing the results.

Any school situation contains a multiple of factors operating simultaneously, that can affect performance on measures such as the California

Test of Mental Maturity. With small numbers and extensive heterogeniety of students in ability, more individualized, possibly even case study, approaches may prove more fruitful in identifying possible effects of the program. Generally, the groups, both experimental and control, did show some increase between the pre- and postests. Whether or not this increase is more or less than what would be expected cannot be determined from these data. It may be possible that in certain situations when working with atypical groups, differing effects, at least initially, will be recognized in a more subjective and judgmental manner.

ALPHA ITINERANT TEACHER

1968 - 1969

The Alpha Itinerant Teacher followed up the children who were in the original CAPIC classes at Old Orchard and Hamilton Schools in 1967-68. Weekly visits were made at Bancroft Hills, DeVeaux, Nathan Hale, Hamilton, Longfellow, McKinley, Grove Paterson and Whittier Schools to help these children adjust to the larger, normal classroom. Conferences were held with principals, parents, teachers, and our CAPIC Psychologist, Social Worker and two Educational Diagnosticians. Various medical follow-ups resulted in completed physicals and eye and ear examinations.

The visits consisted of half hour sessions with each child, prepared on the basis of his greatest need for that particular week as suggested by his teacher. These weekly report sheets indicated progress and/or regression in the various academic and behavioral areas.

It is significant to note that some children were phased out of the program this year because of their fine adjustment in the normal classroom. The children who could not cope with the realistic setting were channelled into their appropriate Special Education situation. These factors, plus transfers to other school districts, then permitted longer sessions for children needing more individual help.

Basically, reading, phonics, spelling, arithmetic and writing in grades one through four were the most requested subject areas. The regular classroom texts as prescribed by the Toledo Board of Education were used. Additional remedial aids were utilized from the CAPIC Resource Center to augment the basic texts.

To measure growth in this first post year of CAPIC placement, both pre and post testing of these Alpha children on the Wide Range Achievement Test was done. In no instance did any student regress and in some the gains were spectacular.